ended and open ended multi-country questionnaire was designed to collect data from 500 barbers (250 clients). Blood samples were withdrawn after obtaining an informed consent and were tested for HBV and HCV markers by Chromatography, enzyme-linked immunosorbent assay (ELISA) and polymerase chain reaction (PCR). RESULTS: The mean age was 28.4±7.7 years in both groups of barbers (n=500) and clients (n=529). Among both groups, the sero-prevalence of HBV and HCV was 5.7% and 14.4%, respectively. Clients knew about hepatitis B and C viruses while barbers were not quite aware. The knowledge about the route of transmission was poor among barbers and good among clients. Half of the respondents in both groups knew about hepatitis B vaccination and only 15% were vaccinated. Sixty percent of the barbers claimed disinfecting the instruments between clients and (88.9%) claimed using of new blades. During actual observation of practices, only 28% disinfected instruments between clients and 62% used new blades for each client. CONCLUSIONS: There is some awareness among barbers and clients about hepatitis B and C viruses but poor knowledge about the mode of transmission. This warrants continued education to barbers (n=9) to increase awareness about these two blood borne viruses and the risk factors associated with their transmission particularly at barbers’ shop and to implement interventions to prevent spreading Hepatitis.

GASTROINTESTINAL DISORDERS – Cost Studies

PG16
AN ASSESSMENT OF THE ECONOMIC IMPACT OF MECHANICAL VERSUS HAND-SUTURED FIXATION OF INTRA-PERITONEAL ONLAY MESH (IPOM) IN OPEN VENTRAL HERNIA REPAIR

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OBJECTIVES: Reduction in operative time has been shown to offer significant clinical benefits in many procedures including hernia repair surgeries. Ethicon Securapatch™ is a new mechanical ventral hernia repair system that has been shown to require significantly shorter time compared to hand-sutured fixation of IPOM mesh in open ventral hernia surgery. This analysis assesses the potential economic value of reduction in operative time with mechanical fixation compared to suture fixation. METHODS: In a prospective IPOM hernia model was developed to evaluate the budget impact to hospitals of adopting Ethicon Securapatch™ Open repair of ventral hernia. A reduction in mean fixation time comparing suture to mechanical fixation was included based on a preclinical study that demonstrated about 89% reduction. Related benefits in terms of risk of surgical site infections, owing to shorter operative duration were included based on the literature. Costs of the mechanical fixation device and suture supplies, OR time, anesthesia time, and potentially avoided hospitalizations were considered in the economic model. RESULTS: Based on the model inputs, an overall potential saving of $259,604 (43%) was estimated for 100 fixations if they were done using Ethicon Securapatch™ Open versus sutures. Although the use of Ethicon Securapatch™ Open added $50,000 in supplies costs, this was completely offset by potential savings in OR time costs ($186,570), potential reduction in avoided surgical site infection or seroma costs due to shorter operating room time ($104,210), and in anesthesia costs ($14,324). Use of Ethicon Securapatch™ Open was associated with a reduction of up to a total of about 58 hours in OR time per 100 conversions. CONCLUSIONS: This analysis represents the first economic evaluation of Ethicon Securapatch™ Open used in ventral hernia repair surgery. Adoption of Ethicon Securapatch™ Open fixation device would likely result in significant savings for hospitals, driven by shorter procedure time and its related clinical benefits.

PG17
COST ANALYSIS OF A FIBRIN SEALANT PATCH FOR PARENCHYMAL BLEEDING DURING ELECTIVE HEPATIC SURGERY: A CANADIAN HOSPITAL PERSPECTIVE

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OBJECTIVES: Hemostasis after resection may be difficult to achieve and there is an increased focus on reducing blood loss and resource use with hemostatic products. This study estimated the cost impact of a novel fibrin sealant patch (i.e., EVARREST) vs. standard of care (SoC) for bleeding control in hepatic resection. METHODS: An economic analysis quantified 30-day cost impact of EVARREST vs. SoC from a German hospital perspective. This analysis used data from a randomized trial, which included aggregated resource use reported within the USA. RESULTS: EVARREST was used based on average USD to Euro exchange rate over the last 10 years. Published data on German costs were applied to resource use. Sensitivity analysis were performed on several variables including EVARREST’s costs (€472 to €735) for available sizes. RESULTS: The primary analysis predicted that EVARREST acquisition cost offset is cost with cost impact reduced to €82 per patient vs. SoC (sensitivity range: –€86 to +€225). Secondary analyses predicted further resource reduction with EVARREST. CONCLUSIONS: The Delphi panel indicated that the cost of EVARREST was significantly lower than that of male patients. CONCLUSIONS: Cost of medication and loss of wages of patients contributes major component of OHC. Increasing the number of day of hospital stay leads to higher cost of burden.

PG18
COST OF ILLNESS (COI) ASSOCIATED WITH GASTROINTESTINAL AND LIVER DISEASES: A STUDY CONDUCTED IN AN INDIAN TERTIARY CARE HOSPITAL

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OBJECTIVES: To study cost of illness (COI) by calculating direct and indirect cost in the patients with gastrointestinal and liver disease from societal perspective. METHODS: Study was conducted in general medicine ward of government tertiary care hospital, north India by including inpatients diagnosed with gastrointestinal and liver disorders. In terms of time perspective prevalence approach was used to study COI. Direct cost was estimated using admission fee, cost of bed, diet, test fees, cost of medications and medical procedures. Indirect cost was estimated using loss of wages, travelling cost, food cost, and cost of bed for attendant/s of patient due to hospital stay. Estimated costs were converted to the productivity loss, human capital approach was used with assumption that income reflects productivity. RESULTS: A total 202 patients (83 males) were included in the study. Most prevalent disorder includes alcoholic liver disease (32.5%) and most common surgical procedures were cholecystectomy. Cost of liver was more than gastrointestinal diseases. CONCLUSIONS: Cost of gastrointestinal diseases was found to be significantly less than that of male patients.

PG19
ESTIMATION OF HEPATITIS C COSTS IN TURKEY VIA EXPERT OPINION: DELPHI PANEL

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OBJECTIVES: The aim of the study is to estimate the cost of Hepatitis C in Turkey through receiving consensus on the current clinical practice, resource use and the course of treatment. METHODS: This study uses the Delphi method to reach experts’ consensus on the clinical practices currently being used in Turkey. Delphi method (Delphi panel) is a useful tool in situations where experts’ opinions are required. The survey developed for this study includes questions to understand the clinical resource use in order to calculate the associated costs. According to the literature, the most important question to be answered is the number of patients. Similar to theory, a two-iteration panel was needed to reach a consensus in practice. The consensus is then used to calculate the cost of chronic hepatitis C, compensated cirrhosis, decompensated cirrhosis, hepatocarcinoma and liver transplant health states. RESULTS: The Delphi panel included experts in gastroenterologists, infectious diseases specialists and a gastroenterologist with transplant experience. According to panel consensus, among all of the experts that an expert follows, the rate of patients who need hepatitis C treatment (regardless of diagnosis) is 1% for gastroenterologists and 20% for infectious diseases specialists.