treatment of coronary artery disease (CAD). **METHOD:** In this prospective comparative cohort study in 30 hospitals in Germany, patients with coronary artery disease (CAD) undergoing PTCA were electively treated with drug-eluting stents (DES) or bare-metal stents (BMS). Standardized questionnaires completed by patients and physicians at 3, 6, 12, and 18 months following PTCA documented major adverse coronary events (MACE), including death, myocardial infarct, coronary bypass surgery and reintervention as well as direct and indirect costs related to CAD. Patient health-related and disease-specific quality of life was documented with the SF-36 and MacNew heart disease questionnaires. **RESULTS:** From April until August 2004, 237 patients were treated with DES (88% male, mean age 63 ± 10) und 241 patients with BMS (82% male, mean age 65 ± 10). There were no significant differences in socio-demographic factors, cardiovascular risk factors and severity of CAD. After 6 months, 11.6% of the DES cohort and 26.7% of the BMS cohort had suffered a MACE ($p < 0.05$). The quality of life (SF-36 physical and mental summary scores and MacNew global score) at 3 months was higher in the DES cohort than in the BMS cohort but at 6 months, both groups were similar. Initial hospital costs were significantly higher for DES than for BMS (6290 ± 1800 vs. 3655 ± 541 €, $p < 0.001$). The 6-month follow-up costs of DES tended to be less than those of BMS (4305 ± 6031 vs. 5873 ± 6442 €, p = n.s.). **CONCLUSIONS:** In comparison to patients following BMS implantation, patients 6 months following implantation of a DES have considerably fewer clinically relevant adverse events, while the quality of life at this time point was similar in both cohorts. Initial hospital costs were significantly higher for DES than for BMS but 6-month follow-up costs were less for DES.

SURGERY

PSU1

ECONOMIC BURDEN OF ILLNESS ASSOCIATED WITH CODED POSTOPERATIVE ILEUS AFTER OPEN LAPAROTOMIES

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OBJECTIVES: To estimate the economic burden of coded postoperative ileus (POI) among patients undergoing open laparotomies in the US. **METHODS:** Using Premier's PerspectiveTM database, we identified 193,409 open laparotomy surgical patients based on their primary discharge ICD-9 procedure code during 2002. Coded POI was identified using ICD-9 diagnosis codes 560.1 and 997.4. Risk factors for coded POI were analyzed by a logistic regression model. To assess the economic burden of coded POI, multiple regression analyses were performed predicting hospital length of stay and total hospital costs while controlling for baseline variables. Estimates of incremental costs and length of hospital stay were projected to the national level. **RESULTS:** Extended operating room time increased the risk of coded POI by 20% for each one-hour increase (OR, 1.20, 95% CI, 1.19–1.21). Mean operating room time was 3.0 ± 1.7 hours for patients with coded POI versus 2.5 ± 1.2 hours for patients without coded POI. Use of PCA opioids increased the risk of coded POI by 39% (OR, 1.39, 95% CI, 1.34–1.44). Coded POI was associated with an additional 2.6 days ($P < 0.01$) in the hospital and $1763 ($P < 0.01$) in total hospital costs. For the US, the overall burden of coded POI for open laparotomies was estimated to be an additional 370,000 days in the hospital and $253 million in total costs. **CONCLUSIONS:** POI is associated with a significant economic impact. Inpatients with coded POI have extended operating time and increased use of PCA opioids. POI was also associated with increased hospital stay and consequently, hospital costs. Since POI may not be routinely coded in this database, the true economic burden of POI may be underestimated. Strategies to reduce the impact of POI should lead to economic savings to the hospital system.

PSU2

ELECTIVE SURGERIES IN THE US: RISK FACTORS, COST, AND OUTCOMES

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OBJECTIVE: To determine the impact of age and gender on the frequency and resource utilization among inpatients with a claim for an elective surgery between October 2003 and September 2004 in the Premier Perspective Database. **METHODS:** All inpatient and outpatient discharges with a claim for one of five elective surgeries between October 2003 and September 2004 were retrieved. Procedures of interest were botox injections (botulinum toxin), liposuction (lipoplasty or lipectomy), nose reshaping (rhinoplasty), breast augmentation (mammoplasty), and laser treatment of leg veins (schlerotherapy or sclerosing). The relationship between each surgery and age, gender, length of stay, and costs was examined, and the distinction between "elective" and "necessary" surgeries is made where possible. **RESULTS:** Overall, there were 2349 claims for botox injections (among inpatients, 56% female; among outpatients, 62% female), 189 liposection procedures (over 91% females), 261 nose reshaping procedures (55% male), 293 breast augmentations (over 96% females), and 8,635 treatments of leg veins (among inpatients, 45% female; among outpatients, 50% female). With the exception of leg vein procedures, most were performed in hospital-based outpatient clinics. Most botox procedures were performed on females in outpatient clinic settings (n = 1177), and 9% were performed on teens. Most liposection procedures were among 19–44 year-old females (57%) and middle-aged females (39%) seen in outpatient clinics. In addition, most nose reshaping (more common in males and teenagers received 10% of these procedures) and breast augmentations occurred in the outpatient setting (3% were among teens). Finally, most leg vein procedures were among elderly inpatients, many of these non-elective surgeries. Additional results regarding the medications used, as well as readmission, will be presented. **CONCLUSION:** Elective surgeries are common, and are captured in administrative hospital data. Further research using data from specialty clinics should be performed to better understand the magnitude and health impacts associated with these procedures.

Poster Session II

ALLERGY

PAL1

THE IMPACT OF THE RX-TO-OTC SWITCH OF LORATADINE AND CHANGES IN PRESCRIPTION DRUG BENEFITS ON UTILIZATION AND COST OF THERAPY

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OBJECTIVES: Numerous prescription products have become available OTC in recent years and there are several reasons why this number is likely to increase significantly in the future. To date, there have been simulation models, but no empirical assessment of the impact of the Rx-to-OTC switch of loratadine. Pre-