clinical rational for lumbar fusion surgery. Patients who underwent a ALIF, PLIF or T/PLIF with “stand-alone” DDD had significantly lower total payments and significa-

4tively more likely to visit a physical therapist (92% v 62%; P < 0.0001), receive an epidural 

23%, and 21%, respectively. Ninety patients (24%) reported only one manifestation 

701 - 7.844) patients with prior liver transplantation live in Germany. Until 2030 the model estimates an increase of the population size to 17,490 (95% CI: 17.105 - 17.875) people. The number of performed liver transplantations is estimated at 3,068 (95% CI: 2,968 – 3,148) in 2030. CONCLUSIONS: With current assumptions the liver trans-

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P<0.0001). The average cost the initial surgery was similarly high ($91,171 v $86,083; 5% v 6%; P=0.0002). The mortality rate associated with a revision surgery was $35,296 (std dev $32,814). Total payments for the two cohorts, ignoring the cost of the initial procedure was $33,180 for pa-

Comparing costs among the two groups reveals a significant cost premium associated with revision surgery and that such costs extended beyond the cost of the revision surgery itself. CONCLUSIONS: Revision surgery was associated with significantly more resource utilization post initial surgery. Comparing costs among the two groups reveals a significant cost premium associated with revision surgery and that such costs extended beyond the cost of the revision surgery itself. 

amenable to a revision surgery. The MedStat MarketScan databases from 2006 - 2009 were utilized for this retrospective analysis. Patients were included if had a ALIF, PLIF, or T/PLIF and had continuous insurance coverage for 2 years post procedure. Revision patients were matched to non-revision patients at a 2:1 ratio based upon type of initial procedure, year of birth, sex, and region of residence Medical payments and re-

obtain the emergency room with a diag-

ica - stand-alone DDD had significantly lower total payments and significan-

tes of liver transplantations is estimated at 3.068 (95% Confidence interval: 4.028 – 4.116) patients with prior heart transplantation live in Germany. Until 2030 the model estimates a decrease of the population to 3.028 (95% CI: 2.980 – 3.077) people. Peak number of patients after heart transplantation was estimated at 2.425 (95% CI: 4.192 – 4.257). The number of performed heart transplantations is estimated at 264 (95% CI: 261-271) in 2030. CONCLUSIONS: Even though the peak number of patients with heart transplants according to our model has occurred in the past, still a considerable heart transplant patient population is living at Germany and seeking health care services for their needs. 

Tuberous sclerosis complex (TSC) is a rare genetic disorder charac-

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23%, and 21%, respectively. Ninety patients (24%) reported only one manifestation 

were assigned to the T/PLIF group and 210 were assigned to the ALIF group. There were no statistically significant differences translate into a $56,590 cost premium associated with a revision surgery – 62% of which can be accounted by the revision surgery itself. CONCLUSIONS: Revision surgery was associated with significantly more resource utilization post initial surgery. Comparing costs among the two groups reveals a significant cost premium associated with revision surgery and that such costs extended beyond the cost of the revision surgery itself. 

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