allogeneic transplant ($1512), autologous ($1899) and allogeneic transplant ($1906) with differences persisting in sensitivity analyses. Cell salvage resulted in net cost savings at a threshold of $556/patient.

CONCLUSIONS: Use of autologous rich platelet-stimulated blood with autologous blood donation appears cost-saving and cost-effective in pediatric surgery and should be encouraged.

PSU14
TOTAL BURDEN OF SURGICAL SITE INFECTIONS IN INITIAL ADMISSIONS AND READMISSIONS AMONG PATIENTS UNDERGOING TOTAL KNEE ARTHROPLASTY: FINDINGS FROM THE NATIONAL INPATIENT SURVEY

OBJECTIVES: Surgical site infections (SSIs) associated with total knee arthroplasty (TKA) have significant negative impact on hospital resources and hospital reimbursement. Our study uniquely looks at the impact of patients having SSI in their initial admission with downstream outcomes of readmission to assess the complete sequences of TKA related SSI, beyond a single episode of care. METHODS: Thomson Reuters, Inc., Somerville, NJ, USA

Using 2008 Health Care Utilization Project (HCUP) data, individuals with a recorded transplant surgery (ICD-9 CM codes 13.0-13.9) during the hospital stay, otherwise were included in the analysis. RESULTS: 90% of the time the payments and costs associated with room & board, surgery and pharmacy between PBL and NPBL group and were also significantly higher for the PBL group (all p<0.05). CONCLUSIONS: Inpatient discharges for renal surgery (ICD-9-CM:55.0X, 55.1X, 55.24, 55.3X-55.8X) were identified from the Premier Perspective® Database (CY 2009-02 to CY 2010). Discharges were categorized into the PBL group if they had received at least one blood transfusion (ICD-9-CM: 99.02-99.07; CPT: 36430, 35455) during the hospital stay, otherwise were included in the NPBL group. Perioperative blood transfusion was assumed to be an indicator for PBL. Groups were matched (1:1) on age, race and APR-DRG severity using propensity scores. Adjusted estimates for costs (total and departmental), days of stay in hospital (LOS), ICU, and operating room (OR) time in minutes were compared between the PBL and NPBL groups using generalized linear model (GLM) with gamma distribution and log link. RESULTS: A total of 18,681 prostate surgery discharges were identified. Mean adjusted costs associated with all outcomes were significantly higher for PBL surgery compared to NPBL surgery (all p<0.001). Differences in estimated means for total costs were lower for Si-CaP for all outcomes (p<0.05). Compared to the Si-CaP cohort ($48,583 vs. $35,298, p<0.0001). Mean adjusted costs associated with room & board, surgery and pharmacy between PBL and NPBL group and were also significantly higher for the PBL group (all p<0.05). Compared to the NPBL group, the PBL group had higher mean LOS (5.8 days vs. 3.6 days), and longer OR time (232 minutes vs. 211 minutes) (both p<0.05). CONCLUSIONS: Perioperative blood loss for prostate surgery patients adds significant burden to hospital costs and resources. Adopting strategies aimed at minimizing PBL during prostate surgery process may conserve valuable medical resources.

PSU18
RETROSPECTIVE DATA ANALYSIS ASSESSING HOSPITAL COSTS AND RESOURCE UTILIZATION ASSOCIATED WITH PERIOPERATIVE BLOOD LOSS IN RENAL SURGERIES

Nigam S1, Levine R1, Yadalam S1, Lim S2, Patkar AD2

OBJECTIVES: The objective of this study was to compare costs and resource utilization in prostate surgery patients with perioperative blood loss (PBL) to those who did not experience perioperative blood loss (NPBL). METHODS: Males with intra-operative or peri-operative transfusion (ICD-9-CM: 99.02-99.07; CPT: 36430, 35455) during the hospital stay, otherwise were included in the analysis. RESULTS: 90% of the time the payments and costs associated with room & board, surgery and pharmacy between PBL and NPBL group and were also significantly higher for the PBL group (all p<0.05). Compared to the NPBL group, the PBL group had higher mean LOS (5.8 days vs. 3.6 days), and longer OR time (232 minutes vs. 211 minutes) (both p<0.05). CONCLUSIONS: Perioperative blood loss for prostate surgery patients adds significant burden to hospital costs and resources. Adopting strategies aimed at minimizing PBL during prostate surgery process may conserve valuable medical resources.

PSU16
RETROSPECTIVE ANALYSIS OF COST OUTCOMES FOR PATIENTS RECEIVING INFUSE BONE GRAFT (RH BMP-2) OR ACTIFUSE BONE GRAFT SUBSTITUTE (SI-CA P) DURING POSTEROLATERAL SPINAL FUSION:

Magner O1, Brouillette A1, Hageman E1, Baum R1, Krishnan S1

OBJECTIVES: This study aimed to assess cost and resource utilization associated with perioperative blood loss (PBL) to those who did not experience perioperative blood loss (NPBL). METHODS: Inpatient discharges for renal surgery (ICD-9-CM:55.5X, 55.1X, 55.24, 55.3X-55.8X) were identified from the Premier Perspective® Database (CY 2009-02 to CY 2010). Discharges were categorized into the PBL group if they had received at least one blood transfusion (ICD-9-CM: 99.02-99.07; CPT: 36430, 35455) during the hospital stay, otherwise were included in the NPBL group. Blood transfusion was assumed to be an indicator for PBL. Groups were matched (1:1) on age, gender, race, CCI score, APR-DRG severity and elective admission type using propensity score. Adjusted estimates for costs (total and departmental), days of stay in hospital (LOS), ICU, and operating room (OR) time in minutes were compared between PBL and NPBL groups using generalized linear model (GLM) with gamma distribution and log link. RESULTS: A total of 27,573 renal surgery discharges were identified. Mean adjusted costs associated with room & board, surgery and pharmacy between PBL and NPBL group and were also significantly higher for the PBL group (all p<0.05). Compared to the NPBL group, the PBL group had higher mean LOS (10.5 days vs. 7.9 days) and ICU days (4.5 days vs. 3.6 days) and had longer OR time (227 minutes vs. 194 minutes) (all p<0.0001). CONCLUSIONS: Perioperative blood loss for prostate surgery patients adds significant burden to hospital costs and resources. Adopting strategies aimed at minimizing perioperative blood loss during renal surgeries may be helpful.