Abstracts

A NOVEL APPROACH FOR ESTIMATING RESOURCE UTILIZATION IN PATIENTS WITH SUSPECTED IMMUNE-MEDIATED COAGULOPATHY ASSOCIATED WITH EXPOSURE TO TOPICAL BOVINE THROMBIN

1ZymoGenetics, Inc, Seattle, WA, USA, 2Premier Inc., Charlotte, NC, USA, 3University of Torres JV1, Alfonso R2, Herran S3

CONCLUSIONS: Data for bovine thrombin-exposed patients discharged between January 2005 and March 2009 were extracted from Premier’s Perspective database. Coagulopathies were identified utilizing a clinical algorithm based on our experience with consultations resulting from the presence of this adverse event was suspected. METHODS: Data for bovine thrombin-exposed patients discharged between January 2005 and March 2009 were extracted from Premier’s Perspective database. Coagulopathies were identified utilizing a clinical algorithm based on our experience with consultations resulting from the presence of this adverse event was suspected. METHODS: Data for bovine thrombin-exposed patients discharged between January 2005 and March 2009 were extracted from Premier’s Perspective database. Coagulopathies were identified utilizing a clinical algorithm based on our experience with consultations resulting from the presence of this adverse event was suspected. METHODS: Data for bovine thrombin-exposed patients discharged between January 2005 and March 2009 were extracted from Premier’s Perspective database. Coagulopathies were identified utilizing a clinical algorithm based on our experience with consultations resulting from the presence of this adverse event was suspected. METHODS: Data for bovine thrombin-exposed patients discharged between January 2005 and March 2009 were extracted from Premier’s Perspective database. Coagulopathies were identified utilizing a clinical algorithm based on our experience with consultations resulting from the presence of this adverse event was suspected. METHODS: 

A TOOL FOR COST-MINIMIZATION STUDIES IN ANESTHESIA IN COLOMBIA

Torres JV1, Arango B2, Herras S3

OBJECTIVES: The number of surgical procedures that require anesthesia and the costs associated with them continue rising, in many cases influenced by the use of newer and more expensive anesthetics. Our aim was to develop a tool to assess the costs and resource use in anesthesia in Colombia. METHODS: An excel tool to calculate the resource use and costs of medications used for anesthesia was developed. Costs were derived from the hospital pharmacy in a third level institution in Bogota, Colombia, and validated with other reliable sources. The model is capable of simulating the resource use and costs associated with specific procedures. It uses the subject’s age, sex, weight and height as variables to determine the dosages of the different drugs, as well as the time estimated for the procedure to determine resource utilization. Finally, the costs are calculated based on the previous variables and the specific anesthetic technique selected, identifying the different combinations of drugs, equipment, and adding a waste factor for the inhalation anesthetics. RESULTS: The 2 most common surgical procedures performed under general anesthesia in the institution were laparoscopic cholecystectomy and laparoscopic hysterectomy, were selected for the simulation using 3 common forms of anesthesia: balanced anesthetic, balanced hypoxic-based. Each one of these forms of anesthesia uses a different set of drugs and dosages, and they could be used interchangeably according to the anesthesiologist’s preference in most cases. The results of the simulations showed that the resource use and the total cost of the anesthesia provided varied across these three forms, depending mainly on the length of the procedure and the patient’s characteristics. CONCLUSIONS: The use of tools to determine resource use and costs in procedures that require anesthesia may help physicians and decision makers to compare interchangeable forms of anesthesia to optimize their resources.

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