

Researchers evaluate outcomes and costs in perioperative care

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Differences in the utilization of intensive care services may be one potential explanation for improved outcomes after major surgery in the U.S. versus other nations, according to a commentary published in *JAMA Surgery* by researchers from the Perelman School of Medicine at the University of Pennsylvania.

The researchers comment on two recent studies from Europe that document international variations in surgical outcomes, along with suggestive evidence as to the causes of these variations.

The first study, published by researchers in the U.K., showed that of half the high-risk [surgical patients](#) in the study who died never went to an [intensive care unit](#) (ICU). Instead of being admitted directly to the intensive care unit after surgery, they received treatment on a standard surgical ward. The second study, published in 2012 by a group of researchers from 28 European countries, found that among surgical patients who died during hospitalization, 75 percent were never treated in an ICU.

In their commentary, corresponding author Mark D. Neuman, MD, MSc, assistant professor of Anesthesiology and Critical Care and co-author Lee A. Fleisher, MD, chair of the Department of Anesthesiology and Critical Care, note past evidence indicating more aggressive use of critical care services in the U.S. compared to other nations. In one study of American and British patients who died after major surgical procedures, approximately 8.5 percent of the U.K. patients were

admitted to an ICU at some point in their hospital stay, compared to 61 percent in the U.S.

"While it's too early to make definitive claims regarding the degree to which ICU care might produce survival benefits for surgical patients, the evidence we have to date clearly warrants further study," says Neuman.

The authors add that the national consensus to limit spending on [health care services](#) while also preserving [health care quality](#) creates a need for a better understanding of how pre- and post-surgical care – as well as the care delivered during surgical procedures themselves – contributes to [surgical outcomes](#) in the United States.

Provided by University of Pennsylvania

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