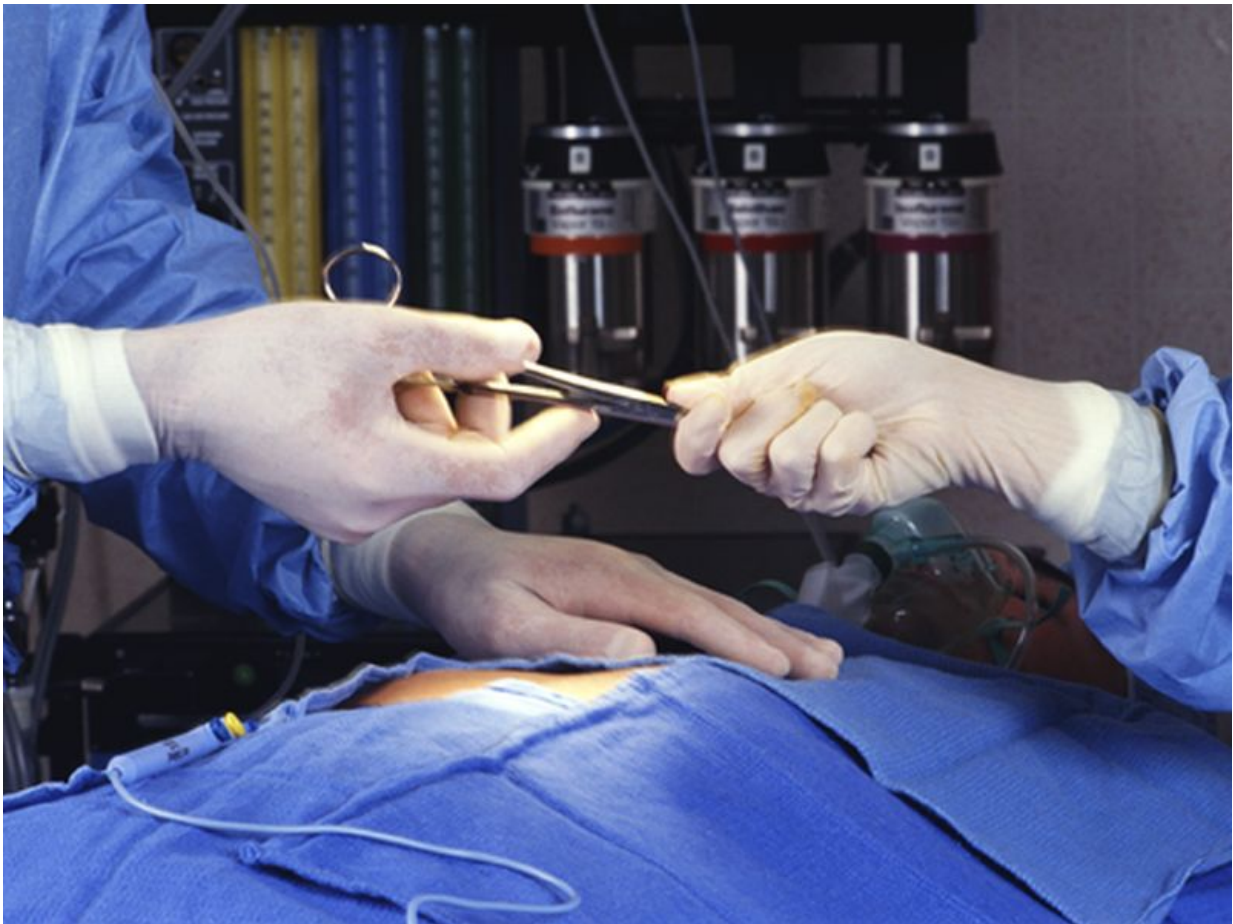


Pre-op testing over, under used in mid urethral sling surgery

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(HealthDay)—For patients undergoing mid urethral sling surgery,

preoperative testing frequently does not adhere to national guidelines, according to a study published in the January issue of *The Journal of Urology*.

Tom S. Feng, M.D., from the Cedars-Sinai Medical Center in Los Angeles, and colleagues estimated the effect of overuse of [preoperative testing](#) on health care costs. They reviewed data for women who underwent sling surgery (with or without concomitant prolapse repair) between 2012 and 2013. Based on summary guidelines from the American Academy of Family Physicians, physician orders for preoperative electrocardiogram, chest X-ray, basic metabolic panel, complete blood count, coagulation studies, and urinalysis were classified as appropriate or inappropriate.

The researchers identified 101 women who underwent mid urethral sling surgery and 346 preoperative test orders. Overall, there was no appropriate clinical indication for 76 percent of coagulation profiles, 73 percent of complete blood counts, 47 percent of basic metabolic panels, 39 percent of chest X-rays, and 21 percent of electrocardiograms ordered. Despite an appropriate clinical indication, 6 percent of electrocardiograms, 22 percent of chest X-rays, and 10 percent of urinalyses were not ordered. For the cohort the estimated charges of overused tests were \$1,844.15 (\$18 per patient).

"Preoperative testing is overused as well as underused in patients undergoing sling surgery," the authors write. "Poor adherence to national guidelines leads to increased [health care costs](#) and warrants increased awareness in following evidence-based guidelines."

One author disclosed financial ties to Boston Scientific.

More information: [Abstract](#)
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