

Emergency general surgical procedures that account for most complications, deaths and costs

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Only 7 procedures account for approximately 80 percent of all admissions, deaths, complications, and inpatient costs attributable to operative emergency general surgery nationwide, according to a study published online by *JAMA Surgery*.

Emergency [general surgery](#) (EGS) encompasses the care of the most acutely ill, highest risk, and most costly general surgery [patients](#). There are more than 3 million patients admitted to U.S. hospitals each year for EGS diagnoses, more than the [sum](#) of all new cancer diagnoses. Joaquim M. Havens, M.D., of Brigham & Women's Hospital, Boston, and colleagues reviewed data from the 2008-2011 National Inpatient Sample. Adults with primary EGS diagnoses consistent with the American Association for the Surgery of Trauma definition, admitted urgently or emergently, who underwent an operative procedure within 2 days of admission were included in the analyses. Procedures were ranked to account for national mortality and complication burden. Among ranked procedures, contributions to total EGS frequency, mortality, and hospital costs were assessed.

The study identified 421,476 patient encounters associated with operative EGS, weighted to represent 2.1 million nationally over the 4-year study period. The overall mortality rate was 1.2 percent, the complication rate was 15 percent, and average cost per admission was \$13,241. After ranking the 35 procedure groups by contribution to EGS

mortality and morbidity burden, a final set of 7 operative EGS procedures were identified, which collectively accounted for 80 percent of procedures, 80 percent of deaths, 79 percent of [complications](#), and 80 percent of inpatient costs nationwide. These 7 procedures included partial colectomy (remove part of the colon), small-bowel resection, cholecystectomy (removal of gall bladder), operative management of peptic ulcer disease, removal of peritoneal (abdominal) adhesions, appendectomy, and laparotomy (an operation to open the abdomen).

"National quality benchmarks and cost reduction efforts should focus on these common, complicated, and costly EGS procedures," the authors write.

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