

Ranking for abdominal surgeries not linked to patient outcomes

August 6 2019



(HealthDay)—Patient outcomes may not be better at top-ranked

hospitals for common advanced laparoscopic abdominal operations, according to a study published online July 31 in *JAMA Surgery*.

Sahil Gambhir, M.D., from the University of California Irvine Medical Center, and colleagues examined data from the Vizient database (administrative, clinical, and financial inpatient information of index hospitalizations for members treated in U.S. academic centers and their affiliated hospitals). The authors identified advanced laparoscopic abdominal operations (bariatric, colorectal, and hiatal hernia procedures) performed from Jan. 1, 2017 through Dec. 31, 2017, at 41 U.S. News & World Report top-ranked hospitals (16,296 operations) and 310 nonranked hospitals (35,573 operations).

The researchers found that the annual case volume at top-ranked hospitals was 397 versus 114 at nonranked hospitals. There were no significant differences in in-[hospital](#) mortality or serious morbidity between top-ranked and nonranked hospitals. Compared with nonranked hospitals, advanced laparoscopic abdominal operations performed at top-ranked hospitals had higher mean costs versus those at nonranked hospitals (\$7,742 versus \$7,128) and longer mean lengths of stay (2.73 days versus 2.38 days).

"Although, among academic centers, the annual volume of advanced laparoscopic abdominal operations was threefold higher for U.S. News & World Report top-ranked hospitals compared with nonranked hospitals, the [volume](#) did not appear to be associated with improved [patient outcomes](#)," the authors write.

Authors disclosed financial ties to Covidien, Gore, Novadaq, Olympus, and Stryker Endoscopy.

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Citation: Ranking for abdominal surgeries not linked to patient outcomes (2019, August 6)
retrieved 8 May 2024 from
<https://medicalxpress.com/news/2019-08-abdominal-surgeries-linked-patient-outcomes.html>

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