

For brain tumor patients who have to be readmitted, hospital choice is key

January 23 2020, by Alison Rainey



Credit: Tima Miroshnichenko from Pexels

More than 700,000 Americans are living with a brain tumor, and surgery is often the first step in treatment.

Because neurosurgeons tend to be clustered in [large urban areas](#), [patients](#) requiring [surgery](#) to remove a [brain](#) tumor may travel to hospitals outside of their communities to find a qualified surgical team. These metropolitan hospitals therefore tend to perform a large volume of brain tumor surgeries, also known as resections.

When a post-surgical complication occurs after a patient has been discharged and they need to be readmitted to a hospital, patients may turn to a hospital closer to home for care. However, this may not always be the best option for their overall outcome, especially if the readmitting hospital performs a low number of surgeries to remove [brain tumors](#).

Frank Attenello, MD, assistant professor of clinical neurological surgery at the Keck School of Medicine of USC, came to this conclusion with colleagues in a recent study published in the *Journal of Neurosurgery*.

They analyzed the records of more than 17,400 patients with unplanned readmissions to a hospital after undergoing brain tumor removal surgery, and determined that 15% of the patients received follow-up care at a hospital other than the original one where they were admitted. Within this sub-group, they compared patient outcomes between hospitals performing a low volume of brain tumor surgeries (fewer than 52 a year) and those with a higher volume (52 or more).

The researchers discovered that readmission to a hospital performing 52 or fewer brain tumor resections each year was associated with a 46–75% increase in mortality and a 21–35% increase in major complications. The fewer surgeries a hospital performed, the worse the mortality/complication rate.

"The hospital staff at a hospital performing a low number of these surgeries may lack the necessary knowledge to treat complications that may arise from surgery simply because they haven't handled as many

cases," Attenello said. The less experience, the greater chance for errors.

Attenello has suggested that before patients are discharged after their initial surgeries, they talk to their neurosurgeons to learn their best hospital options in case they have to be readmitted.

"While in an [emergency situation](#), patients may not be able to choose the [hospital](#) they're admitted to, if they do have a choice, they will want to make a fully informed decision that gives them the best odds for recovery," Attenello said.

More information: Casey A. Jarvis et al. Increased complication and mortality among non-index hospital readmissions after brain tumor resection is associated with low-volume readmitting hospitals, *Journal of Neurosurgery* (2019). [DOI: 10.3171/2019.6.JNS183469](https://doi.org/10.3171/2019.6.JNS183469)

Provided by University of Southern California

Citation: For brain tumor patients who have to be readmitted, hospital choice is key (2020, January 23) retrieved 9 April 2024 from <https://medicalxpress.com/news/2020-01-brain-tumor-patients-readmitted-hospital.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--