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Factors contributing to the economical cost of prolonged length of stay (LoS) following above and below knee amputations

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Aims: Identify factors prolonging LoS and the cost of prolonged LoS.

Methods: We retrospectively collected data for 50 patients who had either above knee (AKA) or below knee amputations (BKA) between January 2012 and October 2013. Of the 50 patients only 20 set of case notes were currently available for in depth analysis. Data analyzed included total LoS, post-operative LoS, LoS once medically fit, postoperative and non-operative issues and cost of prolonged LoS. Costing data was obtained from the financial management department.

Results: 27 AKA and 23 BKA took place. Calculated averages for total LoS and postoperative LoS following AKA and BKA were 59.54 and 42.2 days respectively. Following AKAs' patients stayed for in total 65.52 days vs. BKAs' 52.52 days withpost-operative stays of 45 days and 38.91 days. LoS once medically fit was 14.72 days costing £2309.33 per patient (only including bed stay, overheads, nursingcosts and medication) which over this period cost the institution a total of £41567.90 for the 20 patients occupying beds in the department once medically fit. Dominant post-operative factors contributing to LoS included medical complications (60%), further surgical treatment (50%), and wound issues (40%). Dominant non operative issues included housing issues (40%), occupational therapy equipment (45%), transfer for further rehabilitation (25%) and other social/care issues (25%). Only non-operative issues prolonged LoS once patients were medically fit.

Conclusions: Prolonged LoS has both a financial and patient burden as reported by DoH and the above results. Shortening LoS once patients are medically fit will reduce the economic burden and medical complications recorded. Non-operative issues are factors that should be reduced to improve LoS.

Biography

Jason George was educated at Watford Grammar School in Hertfordshire, England and obtained an MA (Cantab) in Medical Sciences from St John's College, Cambridge. He completed his clinical studies (MBBS) at Imperial College, London in 2008. After qualifying as a Doctor he has obtained a Postgraduate diploma in Surgical Sciences from the University of Edinburgh (2010) and he has become a Member of the Royal College of Surgeons, England (2012). He is currently working as a specialist registrar in vascular surgery in the north of England. He has been exposed to the following fields of surgery so far in his career: Emergency GI surgery, upper GI, colorectal, urology, bariatrics, endocrine and vascular.

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