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LETTERS)THE PRACTICE PATTERNS AND COSTS OF UROGYNECOLOGICAL
PROCEDURES IN THE PROVINCE OF ONTARIO, CANADA**Aims: of Study**

1) To determine the practice patterns of urogynecological procedures in Ontario controlling for performance at teaching and community hospital and to examine if practice trends comply with the procedures indicated by evidence-based literature review. 2) To estimate the annual operating costs of urogynecological procedures in Ontario while controlling for teaching and community hospitals.

Methods

A cross-sectional population-based analysis of hospital discharged abstracts from the Canadian Institute for Health Information (CIHI) and cost data from the Ontario Case Costing Project (OCCP) for the fiscal year of 1995/96.

Results

Two different age distributions were found in women who underwent urogynecological (UG) surgery for stress urinary incontinence (SUI) alone and for SUI and prolapse. In total, 13 733 UG procedures were performed during the fiscal year of 1995/96 (teaching 4 343; community 9 390). Laparoscopic procedures accounted for only 4.3% (561) of the total procedures. More UG procedures were performed in the community hospitals than teaching hospitals except vaginal vault suspensions. According to our literature review, retropubic urethropexy is the ideal primary surgery for genuine SUI. However, two different primary procedures were performed in teaching and community hospitals. In the teaching hospitals, the commonest SUI procedures was retropubic urethropexy, in the community, the commonest SUI procedures was combined cystocele and rectocele repair.

Conclusions

UG procedures account for a significant cost to the Ontario health care system per year. Teaching and community hospitals differ in practice patterns and operating costs. Since this was a cross-sectional study based on one fiscal year data, further studies of consecutive years are needed to determine if these trends persist. Among surgical treatment of SUI, anterior repair had the lowest success rate. If it is indeed used as the primary surgery for women with SUI in the community hospitals, then practice guidelines for surgical treatment of SUI is needed.