cost of colectomy in ulcerative colitis patients

Introduction

- The primary goal of treating ulcerative colitis (UC) is to reduce the inflammation that triggers symptoms. In many cases colectomy may be required when medical therapy fails.
- The prognosis of UC has changed greatly, in particular due to the improvement of therapeutic tools and strategies, with a life expectancy for UC patients similar to that of the general population.
- Colectomy is a staged procedure with several surgeries and real-time inpatient hospitalization, which carries an important economic burden (Odía 2006).
- Photoresection surgical procedures and complications occur frequently after colectomy (Lofthus 2009).

Methods

- Study design: Retrospective audit undertaken at 35 centres which reviewed the medical records of UC patients who had undergone total colectomy between 2000 and 2005.
- Time horizon patients were followed up for a period of at least 2 years after the initial colectomy.
- Cost estimation:
  - Cost evaluation (€, 2009 values)
  - Unitary cost data were collected from:
    - The Spanish Database of Health Costs (Obilux Consulting, 2009).
    - The Spanish Catalogue of Medicinal Products (Consejo General de Colegios de Farmacéuticos, 2009).
  - Resources have been determined in the first 2 years after the initial colectomy and in the years of follow-up after 2nd year.
- Data collection:
  - Demographical and clinical data
  - The following direct medical costs related to colectomy were considered:
    - Surgeries and associated inpatient hospitalizations (surgical hospitalization) to complete colectomy.
    - Surgeries and inpatient hospitalizations (surgical hospitalization) due to colectomy complications.
    - Inpatient hospitalization without surgery.
    - Laboratory and diagnostic tests.
    - Outpatient visits.
    - Drug costs.

Objective

- To estimate the cost of colectomy in ulcerative colitis patients in Spain (COSCOL Study).

Results

- Data available on 209 patients with total colectomy due to ulcerative colitis (Table 1, Table 2).
- Average mean total cost per patient was €31,613 (Table 3, Table 4): Most of the costs (€27,118, 86%) occur in the first 2 years after the initial colectomy.
- Surgeries and related-inpatient hospitalizations accounted for the majority (76%) of total costs, followed by medical hospitalizations (8%) laboratory and diagnostic tests (7%), visits (5%), and drug costs (4%).
- Surgical hospitalization for staged surgeries to complete colectomy accounted for the 66% of total costs (29% due to surgery procedure costs and 37% for inpatient hospitalization).
- Surgical hospitalization costs due to colectomy complications accounted for 10% of total costs.

Conclusions

- The burden of colectomy due to ulcerative colitis has a high impact on the patient and the society, with a mean total costs per patient of €31,613.
- Surgery and related-hospitalizations accounted for more than three quarters of total cost, which is produced mainly in the first 2 years.
- Seventy six percent of total costs is due to the surgical hospitalization to complete colectomy.
- Comorbidities with or without surgeries accounted for 18% of total average cost of colectomy.

References