

## Analyzing my complication, infection and takeback rates:<sup>1,2</sup> Using Sequoia data and standard formula

28 complications out of 628 total cases. (28/628) 4.5%.

21 had complications out of 549 laparoscopy hysterectomy (scope) operations,  
7 had complications out of 79 by Inpatient (open) incision ovary cancer operations.

### 28 Total complications out of 62 cases:

	Total	Open	Scope
<b>Any complication</b>	28	7	21
<b>Total cases</b>	628	79	549
<b>Rate</b>	<b>4.5%</b>	<b>9%</b>	<b>3.8%</b>

Laparoscopic hysterectomy:

NSQIP Literature:      My practice:

4-19%<sup>3-7</sup>

**3.8%**

Open ovary cancer:

11-30%<sup>8-19</sup>

**9.0%**

Total

4.5%

**Compared to published standards, my overall complication rates were safe, and not increased.<sup>20,21</sup>**

Among the 28 complications, there were:

- **10 cases of infection (1.6%):** 2 wound, 3 deep tissue and 5 “possible” infections readmitted and treated with antibiotics only
- 3 cases of post-operative hemorrhage (.5%) with 2 delayed diagnosis.
- 2 urological injuries-repaired at re-operation (.4%).
- 9 intestinal complications: 1 hernia, 2 anastomotic leaks, 1 bowel ischemia, 1 bowel leak from LOA., 3 cases of accidental **enterotomy** from trocars: 1 secondary umbilical, 1 left upper quadrant, 1 entry umbilical (1.4%).
- 4 management issues: 1 readmission for dehydration, 1 DKA, 1 wrongful BSO, 1 constipation (.6%).
- **15 of above had takebacks, 11 from laparoscopic cases, 4 from open cases.(2.4%)**

## Analyzing Infection Rates

Using the standard formula, (10/628) 1.6%: 2 superficial wound, 3 deep tissue and 5 “possible” infections readmitted and treated with antibiotics only.

There were 3 infections among the 79 Open incision cases, and 7 within the 549 Outpatient Laparoscopic (Scope) caselist. My 549 “scope cases” include 40% cancer patients, 10% having node dissections, and 10% lysis of adhesions with more co-morbidities and risk-factors.

**10 patients had an infection.**

Infections	Total	In	Out
# Infections	10	3	7
Total cases	628	79	549
Rate	1.6%	3.7%	1.3%

Laparoscopic hysterectomy:

Open ovary cancer:

Total NSQIP GynOnc service<sup>20,24</sup>

NSQIP Literature:

My practice:

2 - 9%<sup>3-5,22</sup>

1.4%

.4 - 25%<sup>8-14,16-18,23</sup>

5.0%

2.6 - 15%

1.6%

**Compared to published procedures, my infection rates were safe, and not increased.**

## Analyzing Takeback Rates

**15 cases of takeback to the OR:**

Takebacks	Total	# OPEN	# SCOPE
# return to OR	15	4	11
Total cases	628	79	549
Rate	2.4%	5.0%	2.0%

Laparoscopic hysterectomy:

Open ovary cancer:

Literature:

.8- 6%<sup>4,5,7</sup>

4-12%<sup>8,11,13-15,18</sup>

My practice:

2.0%

5.0%

**Compared to published procedures, my takeback rates were safe, and not increased.**

## Analyzing Enterotomy Rates

During surgery, a complication can develop from accidental injury or as a known effect from a procedure done correctly. If a hole is *accidentally* made in an artery or a ureter or the intestine, that is a complication. If a hole is made *incidentally* during the purposeful cancer removal from an organ or a vessel, or separation of bowel loops that are adherent, that is not a complication. If an intended closure of a hole in an artery or ureter or intestine leaks after the surgery, that is a complication, and a takeback to the operating room.

Enterotomy	Total	In	Out
# enterotomys	24	14	10
Total cases	628	79	549
Rate	3.8%	18%	1.8%

24 had enterotomies: 10 had enterotomy incidental to an adhesiolysis, and 11 incidental to debulking ovary cancer and 3 had accidental enterotomies, repaired. 1 patient had reoperation for breakdown of enterotomy closure. None of the other intestinal complications were related to an enterotomy.

Lysis of adhesions was associated with a 10% risk of bowel defect in a General Surgery report,<sup>25</sup> and 6% in a large meta-analysis of adhesiolysis.<sup>26</sup>

**Compared to published procedures, my enterotomy rates were safe, and not increased.**

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