Cancer Surgery Patients Have More Complications, But Less Likely To Die

While more patients in the U.S. are suffering from complications such as blood clots and infections after major cancer surgery, fewer are dying from their operations.

The finding, part of a first-of-its-kind study by researchers at Henry Ford Hospital and others in the U.S., Canada and Germany, could lead to recommended changes in national healthcare policy and a reallocation of resources.

The study was published online in *British Medical Journal Open*. Jesse Sammon, D.O., Henry Ford Hospital urologist, research fellow and co-author of the paper, says the seemingly contradictory finding can be explained by improved response to patient crises, but a need for better prevention of post-surgical complications.

"Our report shows that while the incidence of preventable adverse events after major cancer surgery – blood clots, infections, respiratory failure and pressure ulcers – is increasing, the overall mortality of patients undergoing these procedures is decreasing in the U. S.," says Dr. Sammon.

"This paradox is explained in our report by the fact that physicians are probably getting increasingly better at identifying these adverse events early and managing them more effectively, thereby leading to lower mortality rates from adverse events and, by extension, lower overall mortality rates in the entire population of patients undergoing these procedures."

That's the good news. The bad news is that more needs to be done to prevent these complications.

"Just because physicians have become increasingly effective at managing these adverse events once they occur does not obviate the fact that there's still a lot of room for improvement in reducing the actual occurrence of these adverse events in the first place," Dr. Sammon says.

The study – the largest ever to assess the quality of oncological surgical care in a nationwide sample – focused on 2.5 million surgery patients over the age of 18 who underwent a major cancer procedure between 1999 and 2009.

The operations included partial or complete removal of a cancerous colon, bladder, esophagus, stomach, uterus, lung, pancreas or prostate.

Among the findings were "marked and worrisome increases" in the frequency of infections, pressure ulcers and respiratory failure after surgery.

But at the same time, there were also improvements in preventing anesthetic- and

transfusion-related complications and hip fractures.

The researchers note the significance of this finding because Medicare curtailed the ability of hospitals to be reimbursed for "reasonably preventable events" since 2008 as an incentive to improve quality of care. The Affordable Care Act, which passed two years later, has added its own such initiatives.

"A rational approach to improving accountability for substandard care should begin with identifying the true burden of hospital-acquired adverse events," the study asserts.

In presenting their study, the researchers said it was launched at a time when medical errors in the U.S. cost an estimated $17 billion a year.

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