

USE OF A DISEASE SPECIFIC QUALITY OF LIFE - TOOL IN A QUALITY ASSURANCE SCHEME FOR DAY CASE HERNIA SURGERY WITH MESH

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OBJECTIVES

Outpatient services in Germany are less controlled by external quality assurance programs. Comprehensive outcome data for benchmarking or health-care decision-making are missing e.g. for day case surgery. A quality-of-life instrument specific to hernia repair with mesh has been recently proposed (Carolinas Comfort Scale, CCS) [1]. This study evaluates the integration of CCS as part of a multicentre quality assurance scheme for day-case (outpatient) surgery.

METHODS

16 ambulant centres developed a web-based quality assurance scheme for hernia day-case surgery in Germany. All patients which were intended to treat with 3-dimensional meshes, were registered with consensus into a database through a web-based portal.



Documentation plan	First record	Follow up			Revision
		4 wks	12 wks	52 wks	
Core data	X				
Surgery	X				
Patient Follow-UP (CCS)		X	X	X	
Clinical Follow-Up		X	X	X	
Revision					X

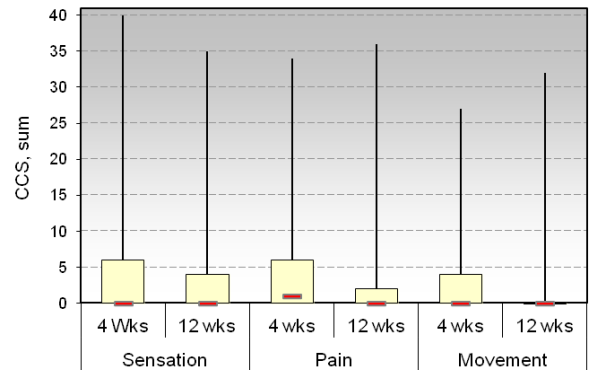
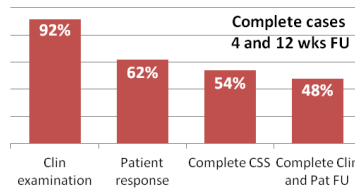
Carolinas Comfort Scale (CCS)		Score
Laying down	CSS consists of 23 questions in 8 activity- categories and 3 dimensions.	0
Bending over		1
Sitting		2
Daily living		3
Coughing		4
Walking		5
Stairs		n/a
Exercising		
Sensation of mesh		
Pain		
Movement limitations		

Patient Follow-Up

Questionnaires were mailed from each centre to their respective patients 4, 12, 52 weeks after surgery. Pseudonymized responses were sent to an independent party (StatConsult, Magdeburg, Germany) for inputting answers into the database.

RESULTS

- Registered cases Oct 2009-Oct 2010: 1,429
- Cases due for 12wks Follow-Up in July 2011: 1,255



Characteristics of complete cases	X ² vs. Incomplete, p-value
Sex: M/W	87.7 % / 12.3% 0.18
Age: Mean, SD	55.7 ± 15.4 < 0.05
Insurance state: Privat / Statutory	12.7 % / 87.3% 0.74
ASA: I / II / III / IV	38.7% / 47.3% / 13.7% / 0.3% 0.19
Site: Outpatient / Hospital	73.2% / 26.3% < 0.05
Primary hernia	90.7% 0.14
Size of hernia: I (<1.5cm) / II (1.5-3cm) / III (>3cm)	9.3% / 44.0% / 46.7% 0.31
Recurrent hernia: Clin. FU 4wks / 12 wks	0.6% / 0.6% n/a

- Highly accepted questionnaire and positive patient feedback
- Incomplete cases indicate that non-responders are younger
- No other significant and / or relevant difference between complete and incomplete cases
- CCS is well reflecting patient condition and day-surgery patients are rarely impaired 12 weeks post-surgery
- CCS scores are shown to be decreased from 4 to 12 weeks in all dimensions

CONCLUSIONS: The first systematic data collection and evaluation of day case hernia surgery in outpatient settings in Germany has been set up. CCS, a short, hernia-specific quality-of-life questionnaire, is easy to use and well accepted by patients. It is shown to be a feasible instrument to evaluate patient reported outcome after day-case hernia surgery in a web-based multicentre quality assurance system.