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[O58] COSTS AND RENUMERATION OF OSTEOMYELITIS TREATMENT INVOLVING FREE FLAPS: IMPLICATIONS OF RETURN TO THEATRE

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Aim: This study aimed to define the increased costs incurred by a return to theatre for cases requiring free tissue transfer for surgical treatment of chronic osteomyelitis. We hypothesised that there would be a significantly greater cost when patients required re-exploration of the free flap.

Method: We retrospectively analysed the costs of a consecutive series of sixty patient episodes treated at the Bone Infection Unit in Oxford from 2012 to 2015. Treatment involved excision of osteomyelitis with free tissue transfer for immediate soft tissue cover. We compared the costs of uncomplicated cases with those who returned to theatre and determined the profit/loss for the hospital from remuneration through the UK National Health Service Tariff Structure.

Results: Hospital income according to UK HRG tariff was compared to the actual cost of treatment and these 60 cases were significantly underfunded overall ($P < 0.005$). In just 1 case, the cost to the hospital was completely covered by tariff.

Six patients (10%) returned to theatre for urgent flap re-exploration with five flaps salvaged and one failed, requiring another free flap reconstruction (1.7%). These six patient episodes had a significantly higher mean cost compared to the uncomplicated cases. The average financial loss to the hospital for patients who did return to theatre was £18992 (range £8103 to £48380) and in those who did not was £9600 (range - £600 to £23717). The case requiring further free tissue transfer cost a total of £74158, £48380 more than the hospital was paid: the most extreme discrepancy. The overall loss for this group of 60 patients was £590766

Conclusions: Surgery for chronic osteomyelitis is multidisciplinary, complex and therefore expensive. However, this study demonstrates that the hospital currently makes a financial loss on almost all patients but especially if flap complications occur. This study has implications for the long term viability of specialist units treating this important disease.