

**098: THE POST-DISCHARGE COMPLICATION RATE IN SURGICAL PATIENTS AND THEIR SUBSEQUENT MANAGEMENT**

**Authors:**

Kable A., Gibberd R., Spigelman A.

**Objective:**

To measure the type and frequency of complications arising after discharge for surgical patients.

**Methods:**

A post-discharge survey was conducted during the year 2000 at 2 teaching hospitals for patients having 5 elective surgical procedures: Transurethral resection of prostate (TURP), hysterectomy, major joint replacement, cholecystectomy and herniorrhaphy. A literature review was used to design a draft survey form. Focus group discussions were conducted and recommendations incorporated into the survey questions. 290 patients consented to having a survey form sent 1 month after surgery. 214 (73.5%) responded.

**Results:**

Overall, after being discharged 135 (63%) patients reported one or more complications and 78 (36.5%) patients received treatment for 109 complications. 17.2% of participants reported infections after discharge (46% were hysterectomy patients), and 94% were treated for infection. 28.3% of participants reported bleeding after discharge (76% were hysterectomy or TURP patients), and 20% of these were provided with treatment as a consequence of bleeding. There were 2 patients who reported a post discharge diagnosis of DVT (both joint arthroplasty patients). 86% of patients reported pain after discharge, 47% of whom reported moderate to severe pain (joint arthroplasty patients reported greater severity of pain than the other procedures). 54 (25%) of participants reported 71 other complications (54% of these patients were from the joint arthroplasty group).

12 (6%) patients were readmitted for treatment of problems related to their surgery including 5 who required further surgery. 172 patients accessed a range of health services during the first month after discharge resulting in 266 occasions of service. These services included general practitioners, community/home nursing services, post discharge hospital based programs, surgeons services, hospital emergency services and outpatient services. At least 50% of these services were planned. 28% of patients accessing post discharge services were unplanned, and 22% were not able to be determined.

**Conclusions:**

Early discharge programs and the lack of post discharge monitoring may conceal information about surgical outcomes. This survey indicates that the quality of care could be improved in the areas of post discharge pain management, and the use of prophylactic measures to prevent postoperative infection and bleeding particularly for the procedures of hysterectomy, TURP and major joint arthroplasty. There is therefore a need to collect and monitor post-discharge outcomes.