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Risk Factors for Unplanned Return to the Operating Room During Hospitalization

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Abstract

Purpose: This retrospective study aimed to explore the risk factors for and causes of unplanned return to the operating room (UROR) during hospitalization.

Methods: Data on inpatient surgical patients were collected from 2015 to 2019. Descriptive statistics were used to analyze the patients' demographic and clinical characteristics and their annual admission rates. A chi-square test, independent t test, and logistic regression analysis were used.

Results: The number of instances of UROR and rate of UROR were 658 and 1.25%, respectively. The most frequented departments were dentistry, gynecology, neurology, and surgery, accounting for 77.51% of the total rate. The logistic regression analysis revealed that male sex, older age (using age-adjusted Charlson comorbidity index), poor wound management, and the use of general anesthesia were the risk factors for UROR. Infection, primary surgery failure, and bleeding were the most common causes of UROR.

Conclusion: UROR can be used as a key indicator for quality of care in surgery. Hospital administrators and clinicians should recognize the risk factors for UROR and develop appropriate treatment strategies to improve the overall quality of medical care.

Keywords: unplanned return to the operating room, medical quality, medical center

住院期間非計畫性重返手術室之相關因素探討

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摘要

目的：本回溯性研究是探討病人住院期間非計畫重返手術室(unplanned return to the operating room, UROR)的情形。

方法：研究資料來源收集2015至2019年住院手術病人，以描述性統計分析病人基本、手術屬性及年度分布，以卡方檢定、獨立t檢定及邏輯迴歸進行推論性統計檢定。

結果：研究期間UROR共658人次，發生率為1.25%；發生科部前四名是口腔醫學部、婦產部、神經醫學部及外科部共佔總發生率77.51%。邏輯迴歸分析結果發現男性、年齡調整後查爾森共病指數越高、手術傷口分級越髒及全身麻醉，發生UROR的機率會上升，而發生UROR的前三大原因為感染、前次手術未達預期功能及出血。

結論：UROR是監測手術醫療品質的重要指標，醫院管理者及外科團隊應瞭解發生原因，擬訂適當照護策略以提升整體醫療品質。

關鍵詞：非計畫性重返手術室、醫療品質、醫學中心