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# Table of Contents

**Editorial Board** .......................................................... iii

**Journals Represented** .................................................... vii

1. General Considerations ........................................ 1
2. Trauma ................................................................. 25
3. Burns ......................................................................... 51
4. Critical Care ............................................................ 99
5. Transplantation .......................................................... 113
   Introduction .............................................................. 113
6. Surgical Infections .................................................... 143
   Introduction .............................................................. 143
7. Endocrine .................................................................... 177
8. Nutrition ................................................................. 213
9. Gastrointestinal ......................................................... 247
10. Oncology ................................................................. 307
    Breast ......................................................................... 307
    Melanoma .................................................................... 319
    Gastric ........................................................................ 328
    Colon ......................................................................... 332
    Hepatic Colorectal ..................................................... 340
    Pancreatic .................................................................... 344
    Other ......................................................................... 358
11. Vascular Surgery .......................................................... 385
    Carotid ......................................................................... 385
    Miscellaneous .............................................................. 389
    Aneurysm ..................................................................... 403
    Peripheral Arterial Occlusive Disease ......................... 419
    Access ......................................................................... 425
12. General Thoracic Surgery ............................................... 431
    Pre- and Postoperative Management ............................... 431
    Intra-Operative Concerns .............................................. 441
    Staging of Non-small Cell Lung Cancer ......................... 450
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumor Biology and Prognostic Variables</td>
<td>452</td>
</tr>
<tr>
<td>Lung Transplantation</td>
<td>457</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>459</td>
</tr>
<tr>
<td>ARTICLE INDEX</td>
<td>469</td>
</tr>
<tr>
<td>AUTHOR INDEX</td>
<td>483</td>
</tr>
</tbody>
</table>
Burns

Costs of burn care: A systematic review

Burn care is traditionally considered expensive care. However, detailed information about the costs of burn care is scarce despite the increased need for this information and the enhanced focus on healthcare cost control. In this study, economic literature on burn care was systematically reviewed to examine the problem of burn-related costs. Cost or economic evaluation studies on burn care that had been published in international peer-reviewed journals from 1950 to 2012 were identified. The methodology of these articles was critically appraised by two reviewers, and cost results were extracted. A total of 156 studies met the inclusion criteria. Nearly all of the studies were cost studies (n = 153) with a healthcare perspective (n = 139) from high-income countries (n = 127). Hospital charges were often used as a proxy for costs (n = 44). Three studies were cost-effectiveness analyses. The mean total healthcare cost per burn patient in high-income countries was $88,218 (range $704–$717,306; median $44,024). A wide variety of methodological approaches and cost prices was found. We recommend that cost studies and economic evaluations employ a standard approach to improve the quality and harmonization of economic evaluation studies, optimize comparability, and improve insight into burn care costs and efficiency (Table 4).

The objectives of this study were 3-fold: (1) to assess the methodologic quality of economic studies on burn care, (2) to present the range of medical costs and nonmedical costs of burn care, and (3) to present economic evaluation studies of burn care. Costs per treatment and per day compared with nonburn care costs were also included in the analyses. A summary of the findings appears as Table 4. The most expensive burn care component in this review was hospital stay. The included studies, however, often focused on medication or dressings. This finding suggests that future research on cost-effective burn care should focus on reducing length of hospital stay without compromising the quality of care.

Furthermore, more studies on medical and nonmedical costs in the rehabilitation phase are lacking and need to be performed to gain better insight into the total cost of burn care. Additionally, because this study surveyed the international literature on the cost of burn care, the authors stated that data from
mid- and low-income countries was limited, and additional studies are needed to gain better insight into costs and cost effectiveness in these regions.

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