MP24- 19- Cost Savings Achieved through Introduction of HOLEP and Care Pathway.

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INTRODUCTION & OBJECTIVE

Studies have shown clinical benefits of Holmium Laser Enucleation of the Prostate (HOLEP) over TURP or other BPH procedures. Besides learning curve, high capital costs are a barrier to introduction. Our objective is to investigate the impact on length of stay (LOS) as a source of cost savings compared to TURP, in the first 52 cases in a community hospital setting.

RESULTS

For the first 52 patients, the mean age was 65.7. HOLEP was performed for urinary retention in 32 patients and refractory urinary symptoms in 20. Mean estimated prostate volume was 91.2 grams. Mean resected volume of tissue was 33.5 (range 3-118cc) grams with 9.6% patients having malignant pathology. 3 month outcomes were comparable to larger series with IPSS overall and bother scores improving from 22.5 to 6.9 (69%) and 4.6 to 1.7 (63%) respectively. With our critical care pathway, length of stay averaged 10.7 hours including 6/52 (11.5%) requiring overnight stays. Mean catheter time was 3.8 days. This compared favorably to the mean TURP LOS during the same period of 36.5 hours. This shows a 25.8 hour LOS benefit with HOLEP. Based on then USA average daily cost of hospitalization of $2,271, this decreased LOS potentially generates a health system savings of $2,441.

CONCLUSIONS

Implementation of a HOLEP program with a post-operative critical care pathway aimed at decreasing hospital length of stay significantly decreases hospital length of stay compared to TURP. The estimated cost savings from this decreased LOS more than offset the capital costs of a HOLEP program. In addition to the superior clinical outcomes, cost savings through short length of stay is another benefit of HOLEP over TURP.