

The economic burden of managing skeletal metastases on the provision of trauma services



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Introduction

- **Survival of patients with skeletal metastases is increasing.**
- **The true cost of managing them is under-recognised and ever-increasing.**

Aim

- **To assess the financial implications of skeletal metastases in a tertiary hospital.**
- **To explore its impact on the provision of acute care trauma services.**

Methods

- **47 patients, surgically treated over one-year.**
- **Data collected on**
 - demographics
 - primary tumour
 - bone involved
 - surgery performed
 - type of prosthesis used
 - length of surgery
 - hospital stay
 - exact indication for orthopaedic intervention
- **The cost incurred calculated from**
 - cost of prosthesis
 - number of theatre-sessions utilised
 - number of inpatient hospital days

Demographics

- **Bone involved**
 - Femoral neck 17 (36%)
 - Femoral shaft 10 (21%)
 - Spine 10 (21%)
 - Humerus 9 (19%)

Demographics

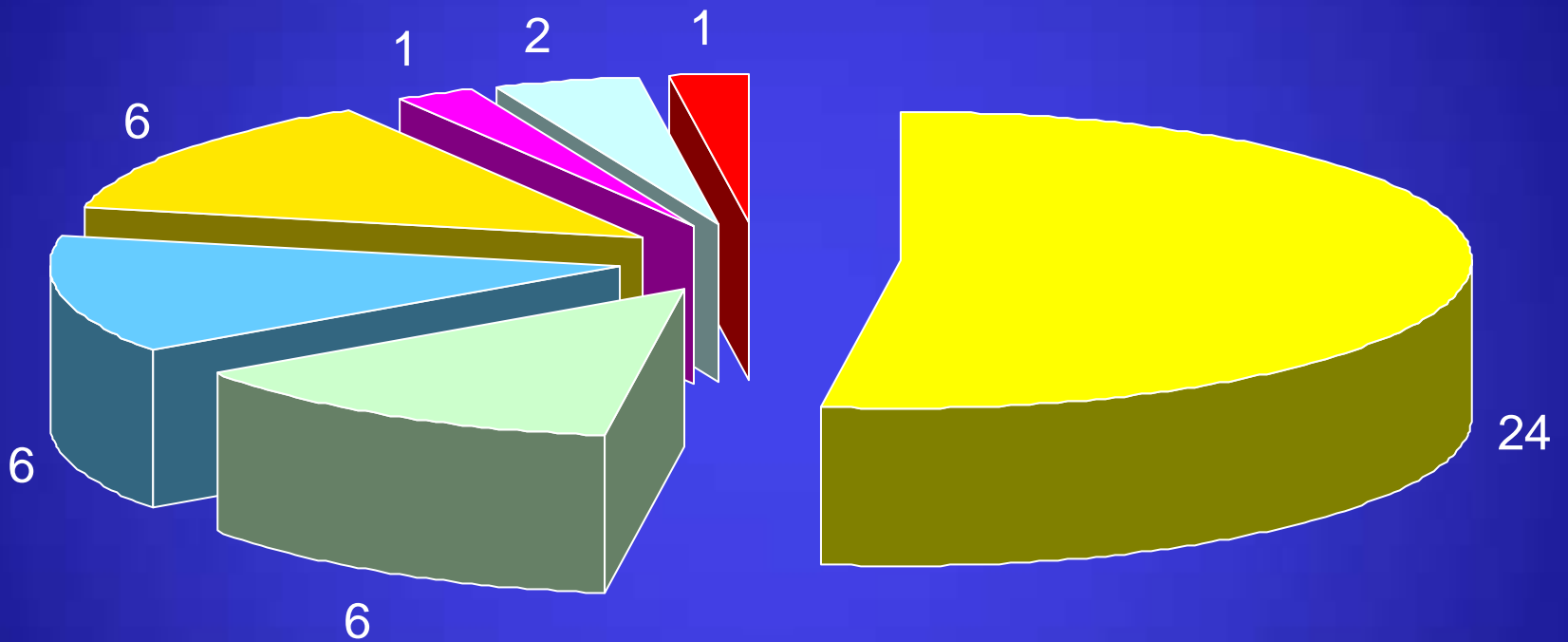
- **Most common primary tumours**
 - Myeloma 11 (23%)
 - Breast cancer 11 (23%)
 - Lung cancer 6 (13%)
 - Prostate cancer 5 (11%)
 - Renal cancer 4 (9%)

Indication for Surgery

Need for orthopaedic intervention

– Fractures	28	(59%)
– Impending fractures	11	(26%)
– Spinal cord compression	6	(13%)
– Cord @ risk	2	(4%)

Surgery



■ IM Nail

■ Hemiarthroplasty

■ Decompression Alone

■ EPR

■ THR

■ Decompression + Stabilisation

■ Biopsy Only

Resource Utilisation

- **26 operating theatre sessions**
- **848 bed days**

Discussion

- **One theatre session a fortnight and 2.3 bed days utilised for the whole year.**
- **The cost of treating these should be appropriately reimbursed to maintain high standards of trauma service provision.**
- **Costs will only increase.**

What is in store for the future?

Trouble

