ABSTRACT NO. R6

PREDICTORS OF LENGTH OF STAY FOLLOWING COLONIC RESECTION IN A VA POPULATION

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Introduction: Post operative length of stay (LOS) is affected by many factors. The aim of this study was to identify factors that affect LOS post colonic resection in the VA population.

Materials and Methods: We reviewed records of all patients who underwent colonic resection at a single VA hospital from 2002-2007. Data collected included demographics, comorbidities, operative management, postoperative morbidity and mortality, nutritional status, and LOS. Statistical analysis included descriptive statistics and the Mann-Whitney Wilcoxon Test to identify variables predictive of prolonged LOS.

Results: 186 patients were identified. 3 patients had LOS over 100 days and were omitted. Nine cases were performed laparoscopically. There were 12 deaths (6%). The median LOS was 8 days. Statistical analysis showed two variables, CAD and postoperative complications were predictive of prolonged LOS. 32 (17%) with CAD had a median LOS of 11 days and 151 (82%) without CAD had a median LOS of 7 days ($p=0.002$). 68 (38%) had postoperative complications with a median LOS of 13 days and 115 (62%) without complications had a median LOS of 7 days ($p<0.001$). Variables not impacting LOS were COPD, DM, age >65, and $>70\%$ albumin change. 19 (10%) had COPD while 164 (90%) did not, both had a median LOS of 10 days ($p=0.257$). 57 (31%) had DM and 130 (69%) did not, both had a median LOS of 8 days ($p=0.45$). 108 (59%) with age >65 and 75 (41%) with age <65, both had a median LOS of 8 days ($p=0.815$). 96 (52%) with a large albumin change ($>70\%$) had a median LOS of 7 days while 87 (48%) with albumin change $<70\%$ had a median LOS of 8 days ($p=0.489$).

Conclusions: In this population of VA patients, CAD and postoperative complications were the only variables predictive of prolonged LOS after colectomy.