Rates & Complications of Surgery for Non-Malignant Polyps
6 million screening colonoscopies
1 in 13 patients complex non-malignant colorectal polyp
Complex non-malignant polyp
Complex non-malignant polyp

surgery
endoscopy
AIM:
Examine temporal trends in the use of surgery for non-malignant polyps.
National Inpatient Sample, an all-payer inpatient health care database covering >7 million admissions/year
Patient records in the 2000–2014 NIS with elective colectomy or proctectomy
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Excluded
- IBD
- Total colectomy
- Polyp + Perforation
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Non-malignant polyp
n=304,578

Colorectal Cancer
n=925,880
non-malignant polyp
colon cancer
colon cancer
colon cancer
Incidence of Surgery for Non-Malignant Polyps

5.9 per 100,000 adults

9.4 per 100,000 adults
Incidence of Surgery for Non-Malignant Polyps

Across US, Primarily in urban teaching hospitals
Take Home

Surgery is common & has increased over the last 14 years.
Informed Decision

Endoscopic Resection

Surgical Resection
AIM:
Describe 30-day AE surgical resection non-malignant polyps
National Surgical Quality Improvement Program, data from >500 hospitals across the US
Patient records 2011-2014 NSQIP with elective colectomy or proctectomy + postop dx benign neoplasm of colon or rectum

Elective surgery for non-malignant colorectal polyp, n=12,732
Mortality 0.7%
Mortality 2.8% >80 yo
Major Event 14%
Major Event

Ostomy
Deep incisional site infection
Abscess
Anastomotic leak
Wound dehiscence
Pneumonia
Sepsis
Septic shock
Acute renal failure
Reoperation

Deep venous thrombosis
Pulmonary embolus
Stroke/Cerebrovascular accident
Myocardial infarction
Ventilator >48 hours
Remaining hospitalized >30 days
Cardiac arrest
Readmission
Mortality
Length of Stay

9.1 DAYS

4.5 DAYS
Readmission
7.8%
Return to OR for 2nd Surgery 3.6%
Colostomy 1.8%
Ileostomy 0.4%
Take Home
Surgery is associated with significant risks.
What drives referrals to surgery when there is an endoscopic solution?

Poor reimbursement for EMR?
Fear of endoscopic complications?
Lack of access to trained endoscopists?
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