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abstract

Does being indigenous make it complex general surgery?

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Abstract

Purpose: Evaluate if being indigenous increases the overall risk of conversion (CONV) from a laparoscopic to open cholecystectomy. No previous study evaluating risk of CONV has analysed an indigenous population.

Methodology: In a cross sectional observational study, data was collected from any patient who underwent a laparoscopic cholecystectomy at the Cairns Hospital between 2010-2012. Risk factors relating to patient factors, radiological factors and laboratory factors were considered. Univariate and multivariate logistic regression with the construction of nomograms was performed (accepted in Am J Surg 2015)

Results: Of 732 patients, 197 (26.9%) were indigenous. This study has the largest indigenous cohort to date. 40 preoperative risk factors were evaluated. The difference in CONV rate between patients who are indigenous (11%) and non-indigenous (4.7%) was statistically significant ($P = 0.0033$). However, ethnicity did not remain in the final multivariate model as a direct predictor of risk of CONV

Conclusion: Patients who are indigenous had a significantly higher CONV rate compared to patients who are non-indigenous. This was better explained by an increased prevalence of other risk factors and adding as a risk factor does not increase the overall risk of CONV. The nomogram developed to predict CONV can be applied to any patient regardless of their ethnicity.

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