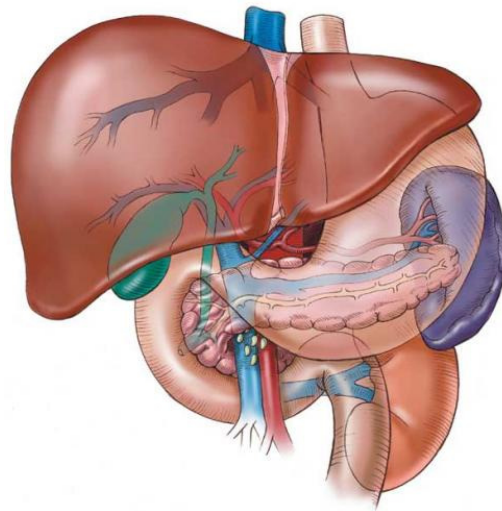


Surgical Outcomes 2010

*General Surgery
Complex Hepatobiliary Surgery*



Eric Kortz, MD, FACS

General Surgery

Dr. Eric Kortz performs all routine general surgery procedures. Listed here are the more common procedures and number of cases performed in 2010. **Total surgeries performed in 2010 – Over 500 cases.**

Abdominal hernia repairs	29	Hemorrhoidectomy	3
Appendectomy (laparoscopic)	19	Hill Hiatal Hernia repair	5
Breast Surgeries (mastectomy, lumpectomy)	4	Implanted port insertion	14
Cholecystectomy (laparoscopic)	87	Inguinal or Femoral hernia repair	82
Cholecystectomy (open)	10	Lymph node, muscle or nerve biopsy	9
Colon Surgeries	59	Nephrectomy (kidney removal)	4
Diagnostic laparoscopy	7	Stomach or small bowel surgery	25
Excision of skin or soft tissue masses	20	Thyroid or parathyroid surgery	6
Exporatory abdominal surgery	12	Umbilical hernia repair	21

Complex Hepatobiliary Surgery

Pancreas surgeries	27
Liver Resections (open)	2
Liver Resections (laparoscopic or lap assisted)	11
Biliary resections and reconstructions	6
Radiofrequency ablations	17
Other Miscellaneous complex hepatobiliary	35

Outcomes for Complex Hepatobiliary Surgery

Complex hepatobiliary surgery involves surgical treatments for diseases of the liver, bile ducts and pancreas. Examples of complex hepatobiliary surgery include:

- Liver Resection (open and laparoscopic) for benign and malignant diseases of the liver
- Intraoperative ultrasound (open and laparoscopic)
- Radiofrequency Ablation (open and laparoscopic) – for treatment of tumors of the liver that cannot be surgically removed
- Pancreas Resection (Whipple procedure, distal pancreatectomy) – for benign and malignant diseases of the pancreas
- Biliary resection and reconstruction – for benign and malignant diseases involving the hepatic ducts and common bile duct.

Eric Kortz, MD, FACS specializes in all areas of general surgery, with additional training and extensive experience in the diagnosis and treatment of complex problems of the liver, bile ducts and pancreas.

Data presented here are the outcomes from surgeries that Dr. Eric Kortz performed at during 2010. Comparison (benchmark) data sources include published literature from world renowned professional journals and medical centers (such as Johns Hopkins University, Cleveland Clinics, University of Pittsburgh Medical Center). See reference list at the end of this booklet for details.

Outcome data reported includes length of hospital stay, ICU days, readmission rates, morbidity (complications) and mortality (deaths) for the most common complex hepatobiliary surgeries. Less common surgeries are grouped together for data reporting purposes.

Specific data are reported on pancreatic resection since this is the most common complex hepatobiliary procedure performed by Dr. Eric Kortz. Pancreas resection is traditionally thought to be one of the most difficult with the poorest outcomes. Research has demonstrated that higher hospital surgical volume of high-risk procedures improves outcomes. Several studies have indicated that a volume of at least 9 pancreatic resections per year correlate to better outcomes, with the best outcomes being when the volume is 18 or more cases per year. . . Dr. Eric Kortz' experience meets the high volume criteria.

In summary, our outcomes are equal to, or better than national benchmarks.

2010 Summary – Outcomes for Complex Hepatobiliary Surgeries

Eric Kortz, MD, FACS

	N*	Length of Stay (median)		ICU days (median)		Readmission within 30 days	Overall Morbidity/Complications		Progression of disease	Mortality (deaths) (at 30 days)	
		Dr. Kortz	Bench mark	Dr. Kortz	Bench mark		Dr. Kortz	Dr. Kortz		Bench mark	Dr. Kortz
Whipple	22	12	10 ^{4,6,9}	1.5	1 ^{4,9}	27% (6)	41% (9)	58.5% ⁴	20% (3)	5% (1)	<5% ^{4,6}
Distal Pancreatectomy	5	6.5	10 ^{7,8}	0	2 ^{7,8}	0	25% (1)	22-37% ⁶	25% (1)	0	1.6% ⁶
Liver Resection - Open	2	7	6.5 ^{3,10}	0		0	0	9.3% ^{3,10}	0	0	5.6%, ^{1,3,10}
Liver Resection – minimally invasive (lap and lap assisted)	11	3.9	3 ¹⁰	0		0%	18% (2)	6-36% avg 10.5% ¹⁰	9% (1)	0	0.3% ¹⁰
Biliary Resections and reconstructions	6	5.5	6 ¹²	0		33% (2)	50% (3)	24-27% ⁵	0	0	3.5-6.9% ⁵
Radiofrequency ablations	17	2	1-2 ²	0		12% (2)	18% (3)	4% ²	18% (3)	0	0.4% ²
Other misc liver/pancreas /biliary/ spleen surgeries	35	3.2	6 ¹²	0		14% (5)	20% (7)	24-27% ⁵	11% (4)	0	3.5-6.9% ⁵
TOTAL complex hepatobiliary cases	98	6		0		15% (15)	26% (25)		12% (12)	1% (1)	

*N = number of procedures done

Benchmark Data obtained from review of literature.

Where data could be obtained for comparison, it is listed above.

Data Specific to Pancreas Resection

	Whipple Procedure (n=22)	Benchmark	Distal Pancreat- ectomy (n=5)	Benchmark
Age - mean (range)	64.5 (43-89)	65	64 (59-74)	51-61
Gender (%) Male	70%	54%	33%	43-51%
Female	30%	46%	67%	49-57%
Postoperative Length of Stay (median, mean, range)	Median 12 Mean 14.8 Range 6-29	Median 10	Median 6 Mean 6.2 Range 5-8	Median 10-12
ICU Days (median, mean, range)	Median 1.5 Mean 2.75 Range 0-17	Median 1	Median 0 Mean 1 Range 0-4	<2 days
Readmissions (within 30 days) % (#)	27% (6)	6.4%	0	
Postoperative Complications (Total Morbidity= # patients with one or more complications)	41% (9)	58.5%	20% (1)	22-37%
Superficial surgical site infection	9% (2)	All infections – 17%	0	2.7%
Organ Space surgical site infection	9% (2)	8.1%	20% (1)	5%
Bacteremia	4% (1)		0	
Urinary Tract Infection	0		0	
Pneumonia	0		0	
DVT/PE	4% (1)		0	
Delayed Gastric Emptying	18% (4)	13.6%	0	4.6%
Pancreatic Fistula (*Grade A, B, C, Total)	A – 14% (3) B – 6% (1) C – 6% (1) Total 23% (5)	A – 11% B – 10% C – 3% Total 27%	0	A – 0 B – 9% C – 3% Total 11.6%
Deaths (within 30 days)	4% (1)	<5% (2.7-11.2%)	0	1.6% (0.43-5.1%)

*International Study Group for Pancreatic Fistula Consensus Definition of pancreatic fistula:

- At or after post op day 3 – a 3-fold increase in amylase over the high normal serum amylase.
 - Grade A – not associated with any adverse clinical outcome
 - Grade B – associated with post-operative placement of a percutaneous drain, delayed gastric emptying, intra-abdominal abscess, or readmission
 - Grade C – associated with re-operation or death

References for Benchmark Comparisons for surgical outcomes

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Eric Kortz, MD, FACS
Darlene Long, RN, MS, ANP-BC, CCTC

601 E. Hampden Avenue, Suite 470
Englewood, CO 80113

303-789-1877
TollFree: 800-332-7291
Fax: 303-789-2629

www.erickortzmd.com