

**DEPARTMENT OF COMMUNITY AND PREVENTIVE MEDICINE
RESEARCH PROPOSAL**

**Economic Evaluation of the Difference in the Rate of Surgical Site Infections
Between Laparoscopic and Open Procedures
for Resection of Colorectal Cancer**

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Colorectal cancer is the fourth most common cancer in the world and represents the second highest cause of mortality from cancer. Surgical resection remains the main stay of initial treatment of colorectal cancer patients. Surgical site infections (superficial, deep, or organ space) are the most common complications after surgery for colorectal cancer. These complications cause significant morbidity to the patients and markedly increase the financial burden on the health care system. It is estimated that once a surgical site infection occurs, the cost of the patient's care is increased by over \$15,000.

In the last few years, laparoscopic colon resection has gained acceptance as a viable modality in the treatment of patients with colorectal cancer. The laparoscopic approach, compared to the traditional open operation, involves smaller incisions leading to less pain, a shorter hospital stay and a faster recovery time.

The American College of Surgeons National Surgical quality Improvement project (ACS-NSQIP) is a large prospectively collected clinical data base of over 150,000 general surgical and vascular patients with multiple variables and 30 day follow up.

We propose a comparison of the rates of surgical site infection between laparoscopic resection and the traditional open resection for colorectal cancer. This will support an economic evaluation of open versus laparoscopic surgery with regards to the incidence of surgical site infections and their eventual impact on the increasing costs of the health care system.

**Committee Chair:
Susan Fisher, PhD**

**Committee Members:
Katia Noyes, PhD
Fergal Fleming, MD**

**Wednesday, March 31, 2010
12:00PM – 12:30PM
Helen Wood Hall, Room 4W301**

EVERYONE IS WELCOME