

Enterocutaneous fistula after emergency general surgery: Mortality, readmission, and financial burden • Journal of Trauma and Acute Care Surgery

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Enterocutaneous Mortality, rea

Hatchimonji, Justin S. MD, MSCE
Catherine E. MD, MSCE

[Author Information](#)

From the Department of Emergency Surgery (E.S.) and Internal Medicine (R.X.), University of

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Address for reprints: Justin S. Hatchimonji, MD, MBE, Department of Surgery, Perelman School of Medicine, University of Pennsylvania, 3400 Spruce St, 4 Maloney, Philadelphia, PA; email: justin.hatchimonji@uphs.upenn.edu.

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Metrics

Abstract

BACKGROUND

The burden of enterocutaneous fistula (ECF) after emergency general surgery (EGS) has not been rigorously characterized. We hypothesized that ECF would be associated with higher rates of postdischarge mortality and readmissions.

METHODS

Using the 2016 National Readmission Database, we conducted a retrospective study of adults presenting for gastrointestinal (GI) surgery. Cases were defined as emergent if they were nonelective admissions with an operation occurring on hospital day 0 or 1. We used *International Classification of Diseases, 10th Revision*,

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urgery:

ISHP; Sharoky, olena, Daniel N. MD,

l Critical Care and ment of General), Perelman School of

code K63.2 (fistula of intestine) to identify postoperative fistula. We measured mortality rates and 30- and 90-day readmission rates censoring discharges occurring in December or from October to December, respectively.

RESULTS

A total of 135,595 patients in EGS patients with EC interval [CI], 1.67–2.36 for EGS patients with E days (51.1% vs. 20.1%; C

CONCLUSIONS

Enterocutaneous fistula readmission, with rates in this high-risk cohort

LEVEL OF EVIDENCE

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mortality was higher
;% confidence
rates were higher
(.76–3.54) and at 90
ctive GI surgery.

mortality and
gned to mitigate risk



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