Replacement of expensive, disposable instruments with old-fashioned surgical techniques for improved cost-effectiveness in laparoscopic hysterectomy.

OBJECTIVE: Patients demand that health care and procedures in rural areas be provided by ambulatory surgery centers close to home. However, the reimbursement rate for such procedures in ambulatory centers is extremely low, so a standard classic intrafascial supracervical hysterectomy procedure needs to be more cost effective to be performed there. Instruments and disposable devices can make up > or = 50% of hospital costs for this procedure, so any cost reduction has to focus on this aspect. METHODS: We identified the 3 most expensive disposable devices: (1) an Endostapler, 498 US dollars and 3 staple reloads, 179 US dollars each; (2) a calibrated uterine resection tool 15 mm for encoring of the endocervical canal, 853 US dollars; and (3) a serrated edged macro morcellator for intraabdominal uterus morcellation, 321 US dollars, and substituted them using classic conservative surgical techniques. RESULTS: From September 2001 to September 2002, we performed 26 procedures with this modified technique at an ambulatory surgery center with a follow-up of 6.7 (2 to 14) months. This modified operative technique was feasible; no conversions were necessary, and no complications occurred. Cost savings were 2209 US dollars per procedure; additional costs were 266.33 US dollars for suture material and an Endopouch, resulting in an overall
savings of 50,509.42 US dollars. The disadvantage was an increase in operating room time of about 1 hour 20 minutes per case. CONCLUSION: These modifications in the classic intrafascial supracervical hysterectomy technique have proven to be feasible, safe, and highly cost effective, especially for a rural ambulatory surgery center. Long-term follow-up is necessary to further evaluate these operative modifications.