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General Surgery Residency and Emergency General Surgery Service Reduces Readmission Rates and Length of Stay in Non-Operative Small Bowel Obstruction

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Nothing To Disclose.
Background

- Recent shift towards initial non-operative management for most adhesive small bowel obstructions (ASBO)
- Additional data suggests that patients fare better when admitted to surgical service
- Simultaneous development of the Emergency General Surgery (EGS) model
Methods
Results

Admitted to Surgical Service

Before 35%  
After 74%

Length of Stay 0.77 days (p = 0.016)
Average Direct Total Cost 24% (p = 0.002)
30-Day Readmissions 35.7% (p = 0.046)

In-Hospital Mortality Unchanged

ICU Admissions 0.57% to 2.67% (p = 0.04)
Discussion

- Significant improvement in patient outcomes attributable to:
  - Surgical Service Admission
  - Protocol Driven Management
  - Resident Presence
Areas for Future Research

• Operative cohort
• Other common EGS problems
• 2021/First Chief Resident Data
• Resident level data
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Small Bowel Obstruction CPM Algorithm

Patient Presents with S/S associated with SBO

Obstetric Diagnosis:
- Problem specific MBD
- CS/C
- Uterine Abruption
- OAM & OHP
- Radiologic Imaging

Immediate Surgical Intervention

S/S of Bowel Ischemia Present?

Yes

S/S of Bowel Ischemia Present?

No

Nasogastric suction & IV

No Resolution of Symptoms or worsening in clinical picture (48-72 hrs)

Consider imaging study w/ water soluble contrast.

Sho we complete obstruction?

Yes

Discussion of goals of care and likelihood of resolution w/PIC

No

Continue Non-Operative Management?

No

GS General Surgery Longer Stay Plan

GS General Surgery Bowel Surgery Non-Operative Plan

Yes

Serial Abdominal & Labs (SBO Admission Plan)