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ABSTRACT

The purpose of the study was to identify the economic burden to the state due to delay of cardiac catheterization as a diagnostic as well as a therapeutic measure for patients with congenital heart defects admitted to the paediatric ward of the Cardiology Unit of the

National Hospital of Sri Lanka. The sample studied were the patients with Congenital

Heart Diseases admitted for the first time to the paediatric ward of the Cardiology Unit

between 1st January-31st December 1998. Characteristics of the study population with

regard to the cardiac lesion, gender and age at referral as well as the catheterization status

with regard to recommendation and performance of catheterization were analyzed.

Data collection was done by the principal investigator from patient's records and recorded in a check list, which were then analyzed in the computer using the statistical

package Epi-Info 6. The direct accounting approach method was used in estimating the

cost of additional hospital stay of CHD patients due to delay of catheterization. 'T test' was used to test the significance of the difference between the mean (average) duration of hospital stay of CHD patients recommended and not recommended cardiac catheterization.

The disease pattern of CHD patients admitted to the Cardiology Unit was similar to what was observed in previous studies done in the same unit. VSD was the commonest lesion followed by TOF, ASD, PS, TGA and PDA. Of the common lesions, TOF had a strong

male preponderance where as all other lesions showed a female dominance. Majority of

the patients were referred after the age of one year(74.2%) whereas only 25.8% were referred during the first year of life.

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From a total of 283 CHD patients admitted to the Cardiology Unit, 69.6% were

recommended catheterization, of which only 60.4% were catheterized until the time of

data collection. The cost per paediatric CHD patient for an additional day's stay in the Cardiology Unit was estimated to be Rs 309.48. The additional cost incurred to the Cardiology Unit due to delay in catheterization for all CHD patients admitted during the year 1998 was Rs 612640.45. This could be higher if expenditure for the parent or guardian accompanying the child were also included. The inclusion of costs of delay of catheterization of adult patients would substantially increase the amount expended by the Cardiology Unit.

Considering the large sum estimated for additional stay of patients due to delay in

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catheterization the construction and equipment of a new catheter unit after careful cost

benefit analysis is recommended. Possibility of obtaining services from the private sector

is discussed as an alternative solution. Importance of early detection of CHD patients and

referring them for intervention during infancy is emphasized to improve the quality of

life of such patients and to reduce the mortality from CHD.

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