

### STS Measure – Unplanned Return to OR

<b>Title</b>	Lobectomy – Unplanned Return to OR
<b>Description</b>	Percentage of patients who underwent lobectomy surgery for lung cancer who require a return to the operating room (OR) during the current hospitalization for any reason.
<b>Denominator</b>	Number of patients who underwent lobectomy surgery for lung cancer.
<b>Denominator Time Window</b>	12 months
<b>Numerator</b>	Number of patients who underwent lobectomy surgery for lung cancer who require a return to the operating room during the current hospitalization for any reason.
<b>Exclusions</b>	None
<b>Rationale</b>	Unplanned returns to the OR carry significant implications to the patient. They are associated with longer lengths of stay, increase cost and increased risk to the patient. Most often an unplanned return to the OR is associated with problems related to the procedure. Therefore, reoperation rates are useful in monitoring hospital quality.
<b>Evidence</b>	<p>Benchmark: 3.3% (STS Spring 2017 report)</p> <p>Mortality rates in patients experiencing an unplanned return to the OR were significantly higher than in those patients who did not return to the OR (15.9% vs 2.3%) Additionally, total hospital charges are higher for patients with an unplanned return to the OR (\$82,300 vs \$17,700).</p> <p><a href="#">Arch Surg.</a> 2001 Apr;136(4):405-11</p> <p>Is unplanned return to the operating room a useful quality indicator in general surgery?</p> <p><a href="#">Birkmeyer JD<sup>1</sup></a>, <a href="#">Hamby LS</a>, <a href="#">Birkmeyer CM</a>, <a href="#">Decker MV</a>, <a href="#">Karon NM</a>, <a href="#">Dow RW</a>.</p>