#### 2023 OHDSI Global Symposium

Patient's outcomes after endoscopic retrograde cholangiopancreatography (ERCP) using reprocessed duodenoscope accessories: a descriptive study using real-world data

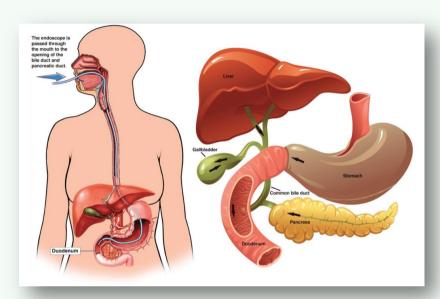
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# Scientific Scientific



### 1. Background





Source: https://www.sages.org/



ercp: Significant impact on management and prognosis of biliary and pancreatic diseases



Concerns related to duodenoscope-related infections due to material reprocessing

Study objective using an OMOP CDM harmonized dataset from Brazil:

To compare the % of readmissions post-ERCP between Single-use (SUG) and Non-single-use (NSUG) institutions

#### 2. Methods



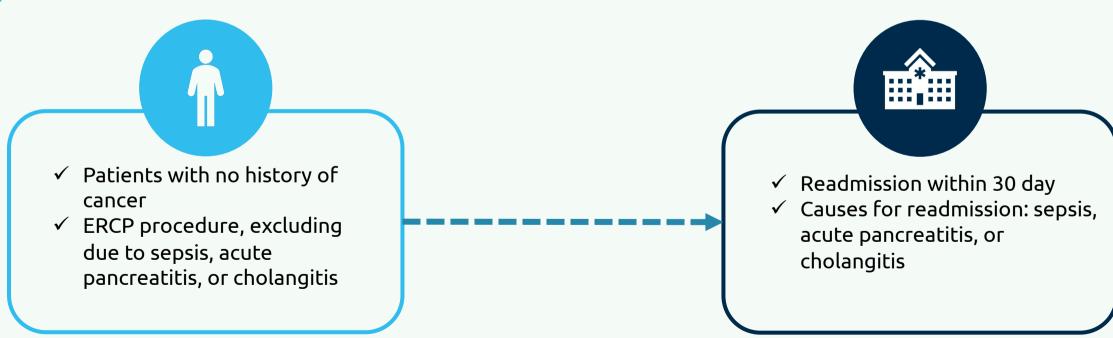


**Data source**: Hospital and Ambulatory Information System from Brazilian Administrative Database, mapped to OMOP CDM v 5.4. A deterministic linkage algorithm was developed to connect hospitals with outpatient records using the key information of zip code, date of birth, and gender.





Study period: January 2020 to January 2023



#### 3. Methods



#### Identification of ERCP procedures:



Specific SUS coding system, named Table of the Procedure, Medication, Orthotics, Prosthetics, and Special Materials Management System of the SUS (SIGTAP)

#### **Statistical analysis:** Atlas



#### Identification of SUG and NSUG hospitals:





3 Single-use institutions



15 Non-single use institutions

#### 4. Results



Table 1. Descriptive information of total and readmitted patients in SUG and NSUG groups

	SUG		NSUG	
	Total	Readmitted patients	Total	Readmitted patients
N	669	20	887	43
Male (%)	30.9	50.0	34.0	37.0
Mean age (SD)	55.0 (19.0)	55.0 (17.9)	55.0 (19.0)	51.0 (14.9)

Note. SUG – single-use group; NSUG – non-single-use group; SD – standard deviation;

Readmitted patients included patients who were hospitalized within 30 days after a patient's ERCP due to sepsis, acute pancreatitis, or cholangitis.



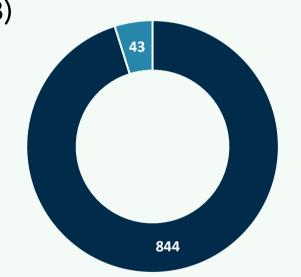
In comparison to the readmitted patients from SUG, the readmitted patients from NSUG had a **higher proportion of female individuals** and patients with a lower mean age

#### 5. Results



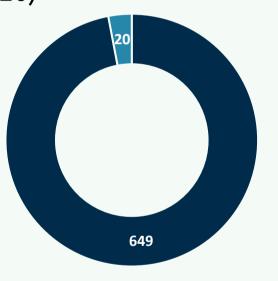






## Single-Use (SUG)







■ Readmission within 30 days



#### Difference between NSUG Group and SUG Group:

■ No readmission

within 30 days

Readmission

The NSUG group had a percentage of readmissions approximately 65% higher compared to the SUG group

#### 6. Conclusion and next steps





Real-world data from Brazilian administrative dataset



Higher % of readmissions in NSUG institutions compared to SUG institutions



Next step: estimation study adjusting for confounders and unbalanced data



Inform clinical decision-making and optimal ERCP management practices

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