

## AB076. SOH21AS054. Impact of psychiatric comorbidities on emergency surgical patients' outcomes

Hongying Chen<sup>1</sup>, Michael Devine<sup>1</sup>, Waqar Khan<sup>1</sup>, Iqbal Zaman Khan<sup>1</sup>, Ronan Waldron<sup>1</sup>, Michael Kevin Barry<sup>1,2</sup>

<sup>1</sup>Department of Surgery, Mayo University Hospital, Mayo, Ireland;

<sup>2</sup>Department of Surgery, Galway University Hospital, Galway, Ireland

**Background:** Psychiatric disorders are increasingly prevalent. Studies have demonstrated that the presence of comorbid psychiatric conditions (CPC) is associated with worsened inpatient outcomes. Emergency surgical admissions and the impact of CPC on their outcomes has not been studied in Ireland to date.

**Methods:** The Hospital In-Patient Enquiry (HIPE) and eDischarge system were used to identify all surgical emergency admissions between 31st August 2019 and 1st September 2020 to Mayo University Hospital. Patient demographics, comorbidities, primary diagnoses, length of stay (LoS), discharge destination, and surgical interventions were recorded. Statistical calculations were performed using Statistical Package for the Social Sciences (SPSS).

**Results:** A total of 995 admissions were recorded. The presence of CPC increased the overall mean LoS by 1.9 days (P=0.002). This trend was observed in both operative and conservative management. Significant increase in LoS was noted in patients with comorbid depression (2.4 days, P=0.003), dementia (2.9 days, P=0.019), and intellectual disability (11.6 days, P=0.007). Subgroup analysis revealed greater LoS in patients with CPC diagnosed with non-specific abdominal pain (1.4 days, P=0.019), skin and soft tissue infections (2.5 days, P=0.040), bowel obstruction (4.3 days, P=0.047), and medical disorders (18.6 days,

P=0.010). Patients with CPC were five times more likely to self-discharge (P=0.005) and 2.4 times more likely to be discharged to nursing homes or convalescence (P=0.002). No significant difference was observed in readmission rates.

**Conclusions:** Psychiatric comorbidities significantly impact hospital LoS and influence discharge planning in surgical inpatients. Better optimisation of facilities and a more personalised approach to patients with CPC are required to improve inpatient outcomes and resource allocation.

**Keywords:** General surgery; length of hospital stay; peri-operative outcomes; psychiatric comorbidities

### Acknowledgments

*Funding:* None.

### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-21-ab076

**Cite this abstract as:** Chen H, Devine M, Khan W, Khan IZ, Waldron R, Barry MK. Impact of psychiatric comorbidities on emergency surgical patients' outcomes. *Mesentery Peritoneum* 2021;5:AB076.