

1029. Infection-Related Hospital Readmissions Following Prostate Biopsy in United States Men

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Background. Common antibiotic prophylactic strategies for prostate biopsy may be insufficient to prevent procedure-associated sepsis, particularly with the rise of Gram-negative pathogens that are resistant to fluoroquinolones. We aim to describe all-cause and infection-related readmission rates and costs in a national sample of men undergoing prostate biopsy.

Methods. We compared mean rates of readmission within 30 days of prostate biopsy from January 2005 to December 2011. Insurance claims data was obtained from the Marketscan Commercial Claims and Encounters database. Yearly rates of prostate

biopsy and readmissions were calculated from the number of inpatient admissions and outpatient services (including emergency room visits) in men of at least 40 years of age with a documented CPT-4 code of 55700 for prostate biopsy. Patients were required to be continuously enrolled in at least one insurance program for at least 30 days after prostate biopsy for inclusion in the analysis.

Results. 447,486 men with a prostate biopsy were eligible for inclusion. Mean age of the population was 62.8 years of age (SD 8.9). 13,154 of these patients (2.9%) were readmitted within 30 days of biopsy. Median length of stay during readmission was 3 days (IQR: 2) and mean total payment for the hospitalization was \$14,749.09 (SD \$22,767.11). The most common major diagnostic category upon readmission was reproductive diseases (4786 readmissions) followed by infectious diseases (2539 readmissions; 0.6% of all prostate biopsies).

Conclusion. Despite widespread use of antibiotic prophylaxis for prevention of infection following prostate biopsy, infection remains the second most common reason for 30-day hospital readmission, possibly due in part, to the emergence of multi-drug resistant pathogens. Continued efforts are needed to optimize prophylaxis strategies.

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