



4B.

INPATIENT DISCHARGES FROM SHORT-STAY HOSPITALS BY ALL-LISTED PROCEDURES AND PATIENT CHARACTERISTICS

The data on the number of procedures in this section are for inpatients only. Procedures include surgical and non-surgical operations, diagnostic procedures, and special treatments reported on the medical record. Up to six procedures were included for each discharge. These all-listed procedures include all occurrences of the procedure regardless of the order on the medical record. Procedure groupings and code numbers are based on the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

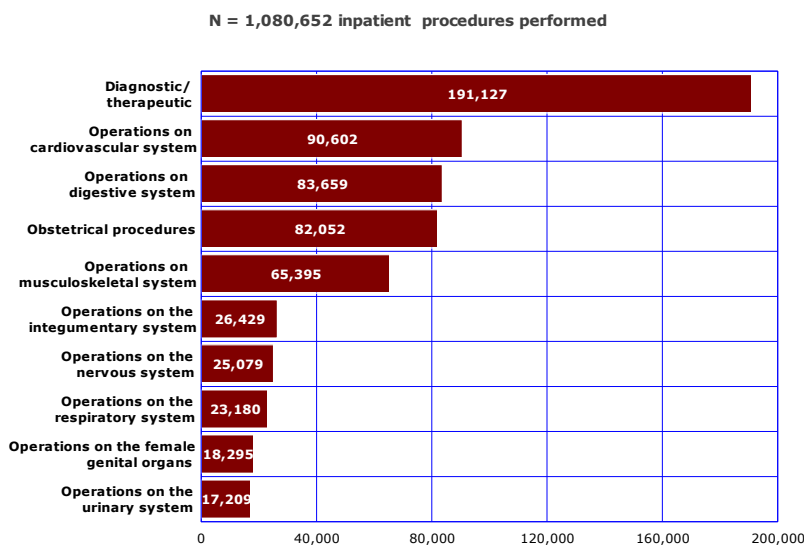
For comparability with the national data*, the rates of all-listed procedures are presented per 10,000 population. The groupings of ICD-9-CM codes used to identify specific procedure categories can be accessed at <http://www.azdhs.gov/plan/hip/cat/icd9procedure.xls>

Beginning in 2008, Arizona hospitals may report up to 12 surgical and non-surgical procedures per record, doubling the previously required number. However, not all hospitals have been able to meet the revised requirements. This is one reason why, in our 2008 - 2011 reports, we continue to analyze the top six procedures. Another reason is comparability with the previously published data for 2000-2007.

*Findings of the National Hospital Discharge Survey, including estimates of the number of specific procedure categories, are available in bound reports of the National Center for Health Statistics and online at <http://www.cdc.gov/nchs/nhds.htm>. The survey collects the data on up to four surgical and non-surgical procedures.

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Figure 4B-1
Ten Leading Categories of All-listed Inpatient Procedures,
Arizona Residents, 2011



During 2011, 1,080,652 procedures were performed on hospital inpatients in Arizona. The rate of procedures was 1678.5 per 10,000 population. For Arizona males, this rate was 1470.1/10,000, and for Arizona females it was 1884.2/10,000.

No specific procedure was recorded for approximately 38.8 percent of all inpatient discharges. Only 5.9 percent of inpatients had six procedures reported. Among the inpatient discharges which had one or more specific procedures recorded, the most frequent were diagnostic and therapeutic procedures (such as arteriography and angiocardiology or respiratory therapy), and followed by operations on the cardiovascular system, operations on digestive system, and obstetrical procedures (Figure 4B-1, Table 4B1).

Figure 4B-2
Trends in Types of Inpatient Procedures Performed in Treatment of Morbid Obesity, Arizona Residents, 2001-2011



Bariatrics is a branch of medicine that deals with the surgical treatment of obesity. Bariatric surgery has seen a rather dramatic increase in its popularity. A typical candidate for gastrointestinal surgery has a body mass index (BMI) of 40 or more – about 100 pounds overweight for men and 80 pounds for women. Bariatric surgery may also be considered for someone whose BMI is between 35 and 39.9 and who has a serious obesity-related health problem (such as type 2-diabetes, heart disease, or severe sleep apnea).

In 2011, **morbid obesity** (ICD-9-CM code 278.01) was the principal diagnosis for 1,717 inpatient hospitalizations for (Table 4A-1). The number of *gastric bypass* surgeries, once the most common bariatric procedure, declined from a recent high of 2,123 in 2003 to only 1 in 2008 and 2010 (none reported for 2011; Figure 4B-2). Not a single *laparoscopic gastroenterostomy* procedure was reported in Arizona prior to 2004. In 2011, it was the most popular, with 929 procedures performed.

*Among Arizonans who were admitted as inpatients with first-listed diagnosis of morbid obesity (ICD-9-CM code 278.01). The frequency counts in Figure 4B-2 are based on the principal procedure. The tabulated data use all six listed procedures.