Elective inguinal herniorrhaphy versus truss in the elderly

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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Inguinal herniorrhaphy.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
Hernia patients aged 65 years.

Setting
The study was carried out in the USA.

Dates to which data relate
It seems that price related to 1971.

Source of effectiveness data
Single study.

Modelling
Epidemiological cohort model (model of survival and disease).

Measure of benefits used in the economic analysis
Life-years gained.

Direct costs
Direct costs are to the health service and included: elective operation, emergency operation, and truss. It seems that price information related to 1971.

Currency
US dollars ($).
Sensitivity analysis
Sensitivity analysis was carried out using the method of single parameter variation.

Synthesis of costs and benefits
Outcome and cost duration was life long. Costs and benefits were not discounted. Elective inguinal herniorrhaphy was the dominant strategy.

CRD Commentary
(This commentary was not written by CRD, but by the authors of the DH Register.)

1) Baseline life expectancy of 65 year-olds (90% male) is 13.3 years. 2) Quality of life estimates are not included but the author questions the assumption that a truss will universally mean a lower quality of life. 3) Length of stay per diem charges and surgeon fees are the only costs included. 4) The difference in mortality is consistently negligible with available (problematic) data sets. 5) It is uncertain what the risk of inguinal strangulation is without a truss. 6) For mild/no symptomology it is unknown whether any intervention is appropriate.

Bibliographic details

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