The cost-effectiveness of clinic-based chloral hydrate sedation versus general anaesthesia for paediatric ophthalmological procedures
Burnett H, Lambley R, West S, Ungar WJ, Mireskandari K

Record Status
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Citation

Authors' objectives
The primary objective was to determine the incremental cost of paediatric eye examinations carried out in the clinic under sedation using oral chloral hydrate compared to examinations carried out in the OR using GA per additional successful procedure gained from a societal perspective. The secondary objective was to conduct a cost-minimization analysis (CMA) under assumptions of equivalent effectiveness between clinic-based sedation and GA.

Authors' conclusions
Hospital budgets are under increasing pressure to rationalize care. Interventions that reduce costs despite being slightly less effective can result in more efficient allocation of healthcare resources when the trade-off between costs and outcomes does not pose morbidity or mortality risks. EUS represents an easily adopted hospital-based intervention with negligible set-up costs, with savings that can accrue even when patient throughput is low. Results from this study demonstrated significant savings when ophthalmologic exams were carried out in an outpatient clinic using chloral hydrate sedation, albeit with fewer procedures completed per exam. When taking into account the proportion of failed sedations that have to be repeated in the OR, the clinic approach remained cost-saving. Exams carried out in the OR under GA may be more appropriate when a large number of procedures per patient are required.

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**Address for correspondence**
Program of Child Health Evaluative Sciences, The Hospital for Sick Children, 555 University Avenue, Toronto, Ontario M5G 1X8 tel: (416) 813-8519 fax: (416) 813-5979 Email: wendy.ungar@sickkids.ca

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