prescription medical devices. This regressive effect is amplified by voluntary health insurance schemes.

CLINICAL AND ECONOMIC OUTCOMES OF FIBRIN SEALANTS (EvICel AND Tisseel) USED FOR HEMOSTASIS IN CORONARY ARTERY BYPASS GRAFTING SURGERY IN THE UNITED STATES

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OBJECTIVES: This study compares clinical and economic outcomes associated with fibrin sealant use for hemostasis: Evicel vs. Tisseel among patients undergoing CABG surgery. METHODS: This is a retrospective database analysis using Premier Healthcare Database from January 2009 to March 2014. Adult patients undergoing primary CABC surgery were selected with the surgery day as index day. Patients who received Evicel or Tisseel on the index day were included. Patients with bleeding complications during the same hospitalization or on the same index day were excluded. Clinical outcomes included post-operative bleeding complications (ICD-9: 998.1) and blood transfusion on the index day. Economic outcomes included length of stay (LOS), hospital resource utilization. Hemostats such as Surgicel™ Original (SO) have demonstrated to effectively prevent bleeding complications; with improved hemostatic properties compared to traditional methods. CONCLUSIONS: This real-world study found that receiving Evicel was associated with fewer bleeding complications and lower hospital resource utilization. Economic outcomes included length of stay (LOS), hospital resource utilization. Hemostats such as Surgicel™ Original (SO) have demonstrated to effectively prevent bleeding complications; with improved hemostatic properties compared to traditional methods. This study aimed to estimate and compare healthcare costs associated with the use of SF&S vs. SO for selected surgical procedures under a Mexican public hospital perspective. METHODS: The study aimed to estimate and compare costs attributable to the use of SF&S and SO in cardiod arterial endarterectomy (CEA), brain/cerebral (BC), and cardiovascular (CV) procedures in a level I public hospital in Mexico. Total cost components for each procedure were length of stay (LOS), intensive care unit (ICU) days, hemostatic units and blood transfusion units; no other complications. Hemostatic units costs were obtained from a systematic review of literature performed with international coefficients and are marketed based on cost thresholds (10.9%). Expectations for OB benefits: no change (71.1% of plans); cost-savings of 138,31 Brazilian Reais per avoided complications and 558,33 Brazilian Reais per securement adverse reactions treatment. Costs were estimated by expert opinion. CONCLUSIONS: This study provides evidence of cost reductions and gains in effectiveness driven by reduction in adverse reactions related to inadvertent mobilization of peripheral access over time.