



Surgery in Australian hospitals 2010–11

In 2010–11, over a quarter of the 8.9 million hospitalisations (separations) in Australia's public and private hospitals included a visit to an operating room for surgery. This bulletin provides an overview of these 2.4 million hospitalisations involving surgery.

This information was sourced from the AIHW's National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection.

How much surgery occurred in 2010–11?

In 2010–11, over one-quarter of all hospitalisations involved surgery. There were 1.0 million episodes in public hospitals and 1.4 million in private hospitals.

Between 2006–07 and 2010–11, hospitalisations involving surgery increased by an average of 2.4% for public hospitals and 4.1% for private hospitals each year. Between 2009–10 and 2010–11, the increase was higher for public hospitals than for private hospitals (2.7% and 2.1%, respectively).

How urgent was the care?

Admissions can be categorised as *Emergency* (required within 24 hours), or *Elective* (required at some stage beyond 24 hours). Some admissions (for example, for obstetric care and other planned care) are not assigned an urgency status.

Between 2006–07 and 2010–11, emergency admissions consistently accounted for about 12% of hospitalisations involving surgery and the majority of these occurred in public hospitals (Figure 1).

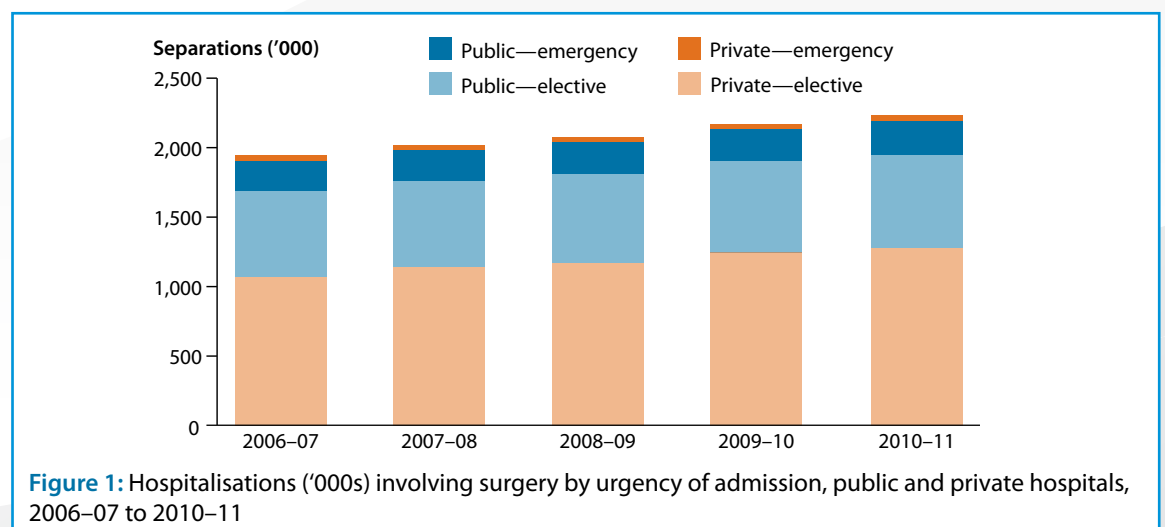


Figure 1: Hospitalisations ('000s) involving surgery by urgency of admission, public and private hospitals, 2006–07 to 2010–11

Over this period, about 82%–83% of hospitalisations involving surgery were elective admissions (in 2010–11, about 1.9 million), with about two-thirds of these occurring in private hospitals.

About 4% of surgical admissions were childbirth-related and 1% were for other planned care.

Who had surgery?

Men and boys accounted for about 55% of emergency admissions involving surgery.

In contrast, about 56% of elective admissions involving surgery were for women and girls.

Compared with other Australians, Indigenous Australians had:

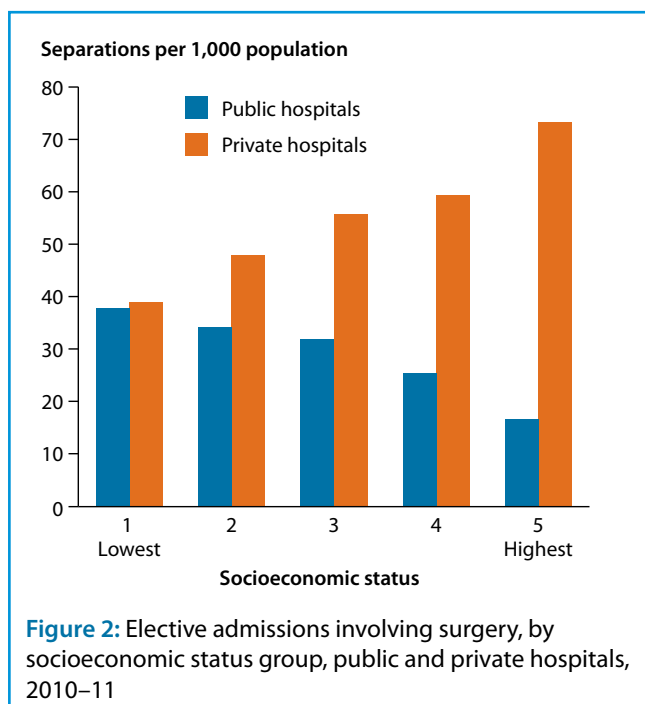
- a higher rate of emergency admissions involving surgery (about twice as high) and
- a lower rate of elective admissions involving surgery (about 60%).

Compared with the national rates, people living in *Very remote* areas had:

- the highest rate of emergency admissions involving surgery and
- the lowest rate of elective admissions involving surgery.

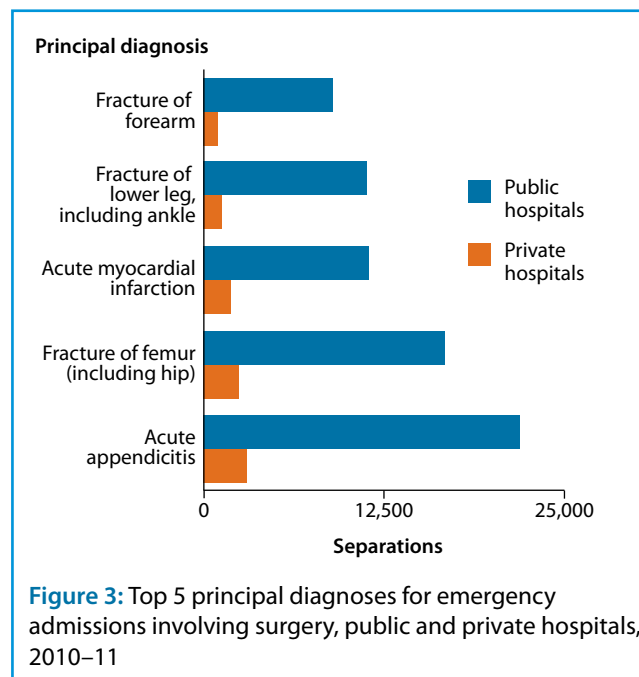
For elective admissions involving surgery, the rate of hospitalisation:

- for public hospitals—was highest for those living in areas classified in the lowest socioeconomic group
- for private hospitals—was highest for those living in areas classified in the highest socioeconomic group (Figure 2).

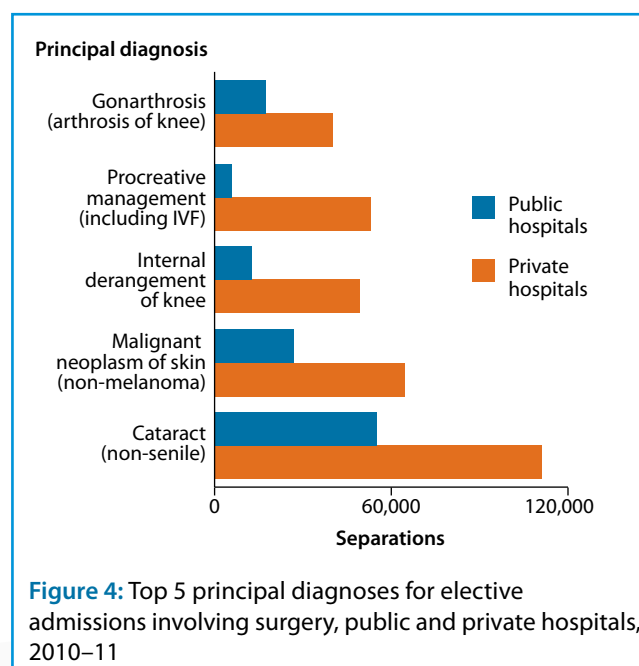


Why did people receive this care?

For emergency admissions, the most common reasons (principal diagnoses) for hospitalisation involving surgery were acute appendicitis, hip fracture and acute myocardial infarction (heart attack) (Figure 3).



For elective admissions, the most common reasons were cataracts, skin cancer, knee disorders and procreative management (including IVF treatment) (Figure 4).



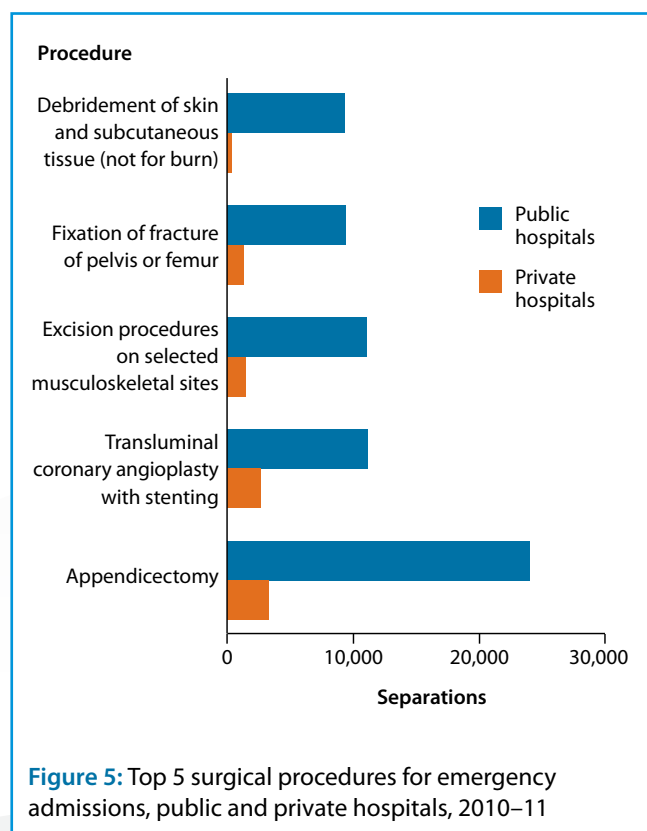
What care was provided?

In 2010–11, over 70% of hospitalisations involving surgery reported a surgical procedure in one of five groups:

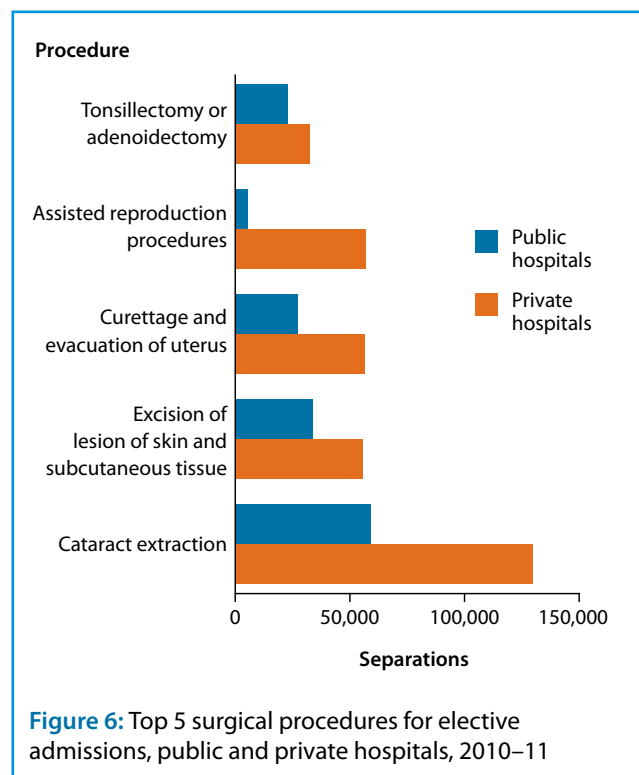
- the musculoskeletal system (for example, hip and knee replacements)
- gynaecology
- the digestive system
- dermatological and plastic procedures
- the eye and adnexa, (for example, cataract extraction).

For patients having surgery on the respiratory system, the cardiovascular system and the digestive system, a relatively high proportion were emergency admissions (47%, 26% and 23%, respectively).

For emergency admissions, the most common surgical procedures were appendicectomy and coronary angioplasty (Figure 5).



For elective admissions, the most common surgical procedures were cataract extraction and removal of skin lesions (Figure 6).



How long did patients stay?

Just over 50% of hospitalisations involving surgery were same-day admissions, accounting for:

- 40% of surgical hospitalisations in public hospitals (8% of emergency admissions and 52% of elective admissions) and
- 57% in private hospitals (11% of emergency admissions and 59% of elective admissions).

For overnight hospitalisations involving surgery, the average length of stay was:

- 8.3 days for emergency admissions and 3.9 days for elective admissions in public hospitals
- 8.2 days for emergency admissions and 3.3 days for elective admissions in private hospitals.

How long did patients wait?

Waiting times information was available for around 620,000 patients admitted from public hospital elective surgery waiting lists in 2010–11.

The median waiting time for elective surgery represents the number of days within which 50% of patients were admitted from the elective surgery waiting list.

In 2010–11, 50% of patients admitted from public hospital elective surgery waiting lists waited 36 days or less and 90% had been admitted within 252 days.

Ophthalmology was the surgical specialty with the longest median waiting time (70 days) and cardiothoracic surgery had the shortest (16 days).

Overall, the median waiting time for patients with cancer-related principal diagnoses (19 days) was 17 days shorter than the median waiting time for all patients (36 days). For orthopaedic surgery, 50% of patients with cancer waited 7 days or less, compared with 64 days (median) overall.

Waiting times varied according to the type of cancer. For example:

- For lung cancer, 50% of patients waited 11 days or less for surgery and 90% had been admitted within 28 days
- For prostate cancer, 50% of patients waited 33 days or less for surgery and 90% of patients had been admitted within 98 days (Figure 7).

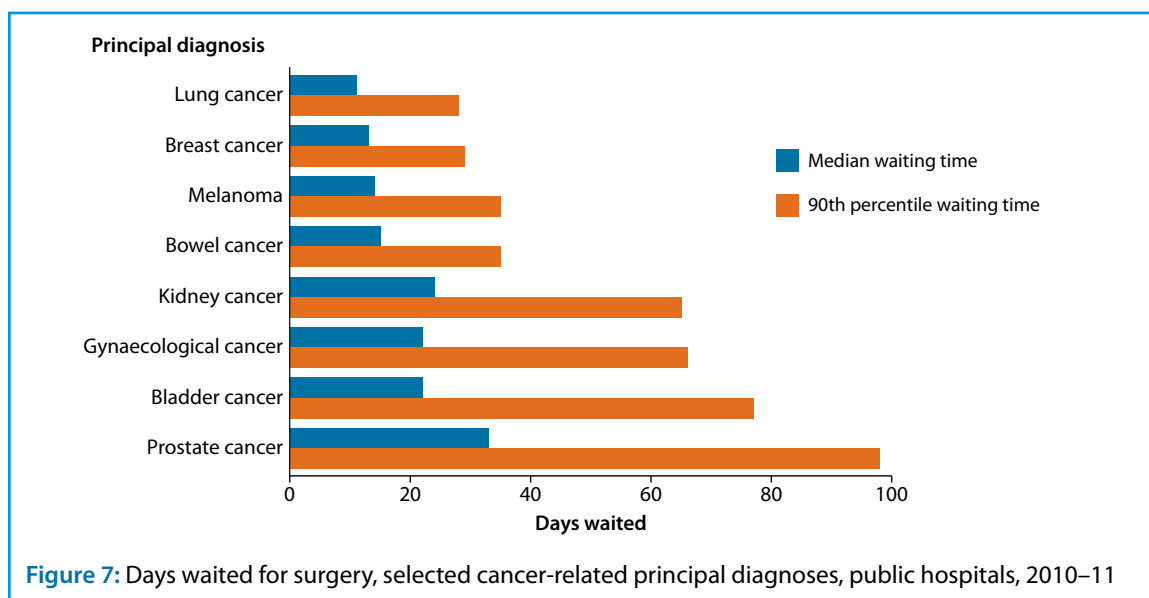


Figure 7: Days waited for surgery, selected cancer-related principal diagnoses, public hospitals, 2010–11



For more information, please refer to the AIHW reports:

Australian hospital statistics 2010–11. Cat. no. HSE 117. Canberra: AIHW 2012.

Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times. Cat. no. HSE 115. Canberra: AIHW 2011.