

**P090****90-day readmission after pancreaticoduodenectomy: A single tertiary center experience in Korea**

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**Introduction** : Pancreaticoduodenectomy(PD) has high rates of postoperative morbidity and readmission. Increasing reports on readmission after PD have been published from Western countries with the purpose of improving surgical quality. However, there have been rare reports on this topic from Asian countries with different healthcare system. This study aims to identify common reasons and risk factors for readmission after PD and evaluate the effect of clinical pathway on readmission in a Korean tertiary center.

**Methods** : A total of 850 patients who underwent PD were included in this retrospective study. Readmission was defined as 'unintended readmission within 90 days after discharge'. Patient characteristics, perioperative outcomes and readmission rate were compared between before and after clinical pathway(CP).

**Results** : The 90-day readmission rate was 10.0% (n=85). The most common reason for readmission was symptomatic intraabdominal fluid collection (n=23). Although mean length of postoperative hospital stay was significantly shorter in the CP group (25.3 vs. 16.5 days,  $p < 0.001$ ), the rate of readmission was similar in both groups (9.0% vs. 10.6%,  $p = 0.423$ ). Any postoperative complications (OR 5.037, 95% CI 1.508-18.827) or severe complications (Clavien-Dindo classification IIIA) (OR 2.61, 95% CI 1.568-4.345) were significant risk factors in multivariate analysis.

**Conclusions** : The results demonstrate that the readmission rate after PD was lower compared with published data of Western countries, while postoperative hospital stay was longer. CP markedly reduced postoperative hospital stay, but it did not affect the readmission rate. Patients who experienced postoperative complications after PD are at high risk for hospital readmission.

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