THE WASHINGTON HOSPITAL

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December 9, 2002

Marc P. Volavka, Executive Director Pennsylvania Health Care Cost Containment Council 225 Market Street Suite 400 Harrisburg, PA 17101

Re: Hospital Performance Report Formal Comment

Dear Sir:

The Washington Hospital received a "higher than expected" mortality rate for abdominal hysterectomy patients in 2001. This represented two deaths out of 176 abdominal hysterectomies. Whereas any death is certainly non-desirable, there are some circumstances that mitigate against generally successful outcomes. I would like to offer a few of the particulars involved in our two unfortunate outcomes.

The first patient was a 92-year old female with severe shortness of breath, ascites, and a past history of coronary artery disease requiring stenting. She underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy for Stage III ovarian carcinoma with metastasis to the bowel and liver. She died on her third postoperative day of acute renal failure.

The second patient was an 81-year old female with severe nausea, weight loss, and incapacitating weakness. She had a history of hypertension and syncope secondary to complete heart block (necessitating a pacemaker). After appropriate preoperative work-up, she also underwent a total abdominal hysterectomy and bilateral salpingo-oopherectomy for extensive ovarian carcinoma. Because of metastasis, she also required an omentectomy and a small bowel resection with primary anestomosis. She did well postoperatively until dying of an unexpected respiratory artest on her sixth postoperative day.

Both instances of postoperative complications were non-preventable and, unfortunately, fatal.

Thank you for the opportunity to offer these comments on our Abdominal Hysterectomy Mortality Rate.

Sincerely yours,

Elinitin for

Telford W. Thomas President and CEO

THE RIGHT CHOICE, RIGHT HERE,

WPP/sma