

## Adhesions Related Disease – Adhesions Related Deaths

*September 23<sup>rd</sup>, 2003: Dallas, TX:*

Recent analysis of the latest US health statistics by the International Adhesions Society (IAS) ([www.adhesions.org](http://www.adhesions.org)) reveals that over 2200 people died in 2001 with a diagnosis of intestinal obstruction due to adhesions. This number has been consistent for five consecutive years with between 2100 and almost 2500 deaths per annum. Women account for a 60% majority of these deaths.

Adhesions are internal scars that bind organs and tissues that are not normally connected. Adhesions form as a result of trauma due to surgery, infection, disease or other injury. Adhesions can distort and disturb body functions and cause pain, intestinal obstruction and infertility, giving rise to a complex of problems, collectively termed “Adhesion Related Disorder (ARD)”.

In 2001 there were over in-patient 67,000 discharges with a primary diagnosis of adhesion-related obstruction, with an average length of hospitalization of 9.8 days. With an average charge of some \$32,000, this represents a cost to the economy of \$2.15 Billion. About two-thirds of these costs were borne by Medicare and Medicaid.

But this is just the tip of the iceberg. When other inpatient diagnoses of peritoneal and pelvic adhesions are added, the cost easily exceeds \$5 billion, and that is before out-patient costs and loss of work are considered.

Nearly 30% of the hospital discharges for adhesion-related obstruction occurred in the 45-64 age range, and 53% occurred in the 65+ age range. The most deaths (1196) occurred in the 45-64 age range, but as a percentage of the hospitalizations, the greatest risk of death (10%) occurred after age 85.

To our knowledge this is the first report to document the number of deaths related to adhesions, and serves to highlight the extent of an under-appreciated problem. Others have previously reported that a patient undergoing pelvic or abdominal surgery will be readmitted twice in the next 10 years for a problem related to adhesions, or for a procedure that could become complicated by adhesions.

Given the extent and severity of ARD it is surprising that few people have heard of the condition. In a recent survey conducted (<http://www.adhesions.org/abstracts.htm#IC>) by the IAS, patients reported that they were told about adhesions in only 25% of procedures they underwent. This number dropped to only 10% when procedures not known to involve adhesion surgery were considered.

The IAS strongly urges all patients to ask their doctors about ARD before undergoing surgery. The IAS also urges hospital and public health officials to ensure that adhesions are discussed as part of the informed consent procedures. By engaging in this discussion doctors will want to consider options for reducing the risks to the patient of post-operative adhesions. This will benefit not only patients, also the doctors who are faced with the sequelae of ARD.

For more information please contact:

Dr. David Wiseman, Founder, International Adhesions Society  
6757 Arapaho Road, Suite 711-238, Dallas, TX 75248  
972 931 5596  
[david.wiseman@adhesions.org](mailto:david.wiseman@adhesions.org)

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