Morbidity and Mortality of Invasive Procedures Performed at Caritas Medical Centre

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ABSTRACT

Objective: Since more invasive procedures are being performed in radiology departments, this study was performed to ascertain the mortality and morbidity rate of these procedures as part of continuous quality improvement.

Patients and Methods: Five procedure categories of biopsy (lung, liver, and prostate), percutaneous transhepatic biliary drainage, percutaneous drainage of liver abscess, percutaneous nephrostomy, and diagnostic angiography were selected. Complications were immediately documented on post-procedure forms. The wards of all patients were contacted about any complications after 24 hours.

Results: One death from percutaneous liver biopsy (0.46%) and 1 from percutaneous transhepatic biliary drainage (0.7%) were documented. The mortality rate for percutaneous liver biopsy was greater than that in the reported series, due to the relatively small sample size and patients risk factors in this study. The rate for percutaneous transhepatic biliary drainage was at the lower end of the reference range. Nearly all morbidity rates were within the reference ranges.

Conclusion: The mortality and morbidity rates for invasive procedures are acceptable, but there is room for improvement. These data are useful for monitoring the quality of the services by providing local data.

Key Words: Invasive procedures, Morbidity, Mortality