Abstract

Objective To compare the costs and effectiveness of early laparoscopy with those of conventional diagnostic methods based on clinical and paraclinical observation and diagnostic images for ascertaining the cause of non-specific acute low abdominal pain (NSALAP) in females of reproductive age from the third-party payers (TPP) point of view. Methods Population: 110 reproductive aged females suffering from NSALAP. Place: Instituto Materno Infantil, perinatal and maternal attention referral hospital in Bogotá, Colombia. Research design: cost-effectiveness study of a controlled clinical trial carried out in 1998 and 1999. Outcomes to be measured: effectiveness, direct medical costs (in Colombian pesos and their equivalent in US dollars (USD-December 2004) from length of hospital stay, diagnostic procedures carried out, medical visits and managing complications. Analysis: Cost-effectiveness incremental ratio, analysing sensitivity in five different scenarios. Results Early diagnostic laparoscopy was more cost-effective in 4 out of the 5 possible scenarios. Savings varying from $21,875 to $69,834 (USD 9.42 and USD 30.1) were made per unit of increased effectiveness. Conclusion Early diagnostic laparoscopy was cost-effective in 4 out of 5 scenarios dealing with managing NSALAP in reproductive aged females.

Keywords

Cost effectiveness, cost analysis, pelvic pain, laparoscopy, womens health