

 ORIGINAL ARTICLE

Diabetes mortality differs between registers due to various disease definitions

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INTRODUCTION

We evaluated the impact of including haemoglobin A_{1c} (HbA_{1c}) measurements in a regional algorithm for identification of diabetics by comparing the population identified by the regional algorithm with diabetics registered in the National Danish Diabetes Register (NDR) relative to prevalence, co-morbidity and five-year mortality rate.

MATERIAL AND METHODS

The regional (County of Vejle) and national diabetes populations were compared per the inclusion date of 31 December 2006 limited to persons residing in four municipalities in the County of Vejle, Denmark.

RESULTS

A total of 14,998 diabetics were identified by the regional algorithm, of whom 11,499 (prevalence 4.1%) resided in the four municipalities. The total number of diabetics registered in the NDR was 227,621 in Denmark, of whom 10,976 (prevalence 4.0%) resided in the four municipalities. The regional diabetics (2,802 persons) not identified in the NDR population had a significantly lower mortality rate (57%) than the diabetics (2,279 persons) in the NDR population not identified by the regional algorithm.

CONCLUSION

The significantly higher mortality in the NDR population not identified by the regional algorithm may stem from differences between the components of the two algorithms, i.e. frequency of glucose measurements in the NDR versus frequency of HbA_{1c} measurements including elevated values in the regional algorithm. The NDR algorithm, which includes the use of frequency of glucose measurements without a value over the diagnostic threshold, identified about 21% of persons who probably had their glucose measured for other reasons than diabetes.

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 ORIGINAL ARTICLE

Robot-assisted rectopexy is a safe and feasible option for treatment of rectal prolapse

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INTRODUCTION

Rectal prolapse is seen in up to one in 100 elderly women and results in symptoms such as incontinence, mucus secretion and constipation. The aim of this study was to present short- and long term outcomes after robot-assisted rectopexy in patients with rectal prolapse.

MATERIAL AND METHODS

All patients diagnosed with rectal prolapse at our institution underwent robot-assisted rectopexy. Data regarding the surgical procedure and post-operative morbidity were collected retrospectively. Patients were contacted to register long-term results regarding recurrence, incontinence and satisfaction.

RESULTS

A total of 24 consecutive patients underwent robot-assisted rectopexy from October 2010 to July 2012. Data regarding their long-term outcome was available for 18 patients at follow-up (average ten months). 50% of the patients suffered from faecal incontinence before surgery (n = 9/18, 50%). The mean age at surgery was 72 years (28-93 years). The mean duration of surgery was 123 min. (70-245 min.). The median length of stay in hospital was 4.1 days (0-15 days). There was one procedure-related complication (small-bowel obstruction) resulting in reoperation. At the time of follow-up, two patients (11%) had a subjective recurrence of rectal prolapse, and three patients (17%) had faecal incontinence. 89% were satisfied with the operation, and 94% would recommend this operation to other patients with the same condition.

CONCLUSION

Robot-assisted rectopexy is a safe procedure to in patients with rectal prolapse and is associated with acceptable functional outcomes and recurrence rates. There is no evidence in the literature of advantages compared with the corresponding laparoscopic procedure.

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