

Here are some recent health care stories from AskaPatient's news feed:

[Are you less likely to get an infection at a hospital with private patient rooms?](#)

According to a study published in JAMA this month, the answer is both yes and no. Private rooms were associated with reductions in the incidence of two kinds of bacterial colonization and one kind of bacterial infection. The takeaway is that private rooms do seem have less incidence of colonization than patient wards, but that does not always affect infection rates.

[HHS appeals ruling on price disclosures in television commercials](#)

The Department of Health and Human Services (HHS) filed a notice of appeal challenging the July federal court ruling that halted plans for a requirement for prescription drug price transparency in advertisements. "If the drug companies are embarrassed by their prices or afraid that the prices will scare patients away, they should lower them," said Caitlin Oakley, a spokeswoman for HHS.

[Pharma companies file suit challenging Canada's plan to lower drug prices](#)

Merck, Johnson & Johnson, Bayer, and two other companies are challenging Canadian regulations meant to lower drug prices, arguing that only the ten provinces have the authority to regulate the prices of medicine. Prime Minister Justin Trudeau, whose party is up for election in October, has vowed to address drug affordability.

[Drug distributor warns investors about huge settlements connected to opioid lawsuits](#)

Cardinal Health warned that its financial health may suffer as it defends itself against more than 2,500 lawsuits (with more expected) related to its role in distributing opioid drugs. Earlier this month, along with drug distributors McKesson and AmerisourceBergen, Cardinal proposed \$10 billion as a settlement to end all lawsuits.

[Telephone and internet scammers abound, but this kind of elder abuse is more common](#)

A recent USC Health Sciences analysis of data from the National Center of Elder Abuse found that financial abuse was the most commonly reported type of elder abuse, and that family members, not strangers, were by far the most commonly reported perpetrators.

[Oral antibiotics use and colon cancer relationship](#)

A study published in the journal *Gut* found that the use of oral antibiotics were associated with a slightly increased risk of colon cancer and a reduced risk of rectal cancer. The authors emphasize this is not a causal relationship, but is additional evidence that antibiotics can cause changes in the bacteria that inhabit the human digestive system.

[FDA approved nine companies' generic versions of Lyrica](#)

The FDA approved the first generics of Lyrica for post-herpetic neuralgia, fibromyalgia, diabetic peripheral neuropathy, adjunct therapy for partial onset seizures, and neuropathic pain associated with spinal cord injury. Approvals to make pregabalin were granted to Alembic, Alkem, Amneal, Dr. Reddy's, Teva, Rising Pharmaceuticals, and three other generic drug companies. (Read patient reviews for Lyrica [taken for fibromyalgia](#).)

[GSK's new HIV injection is effective when taken every other month](#)

GSK's HIV experimental injection for viral suppression is just as effective when given every other month as it is when given just once a month, according to late-stage study. The injection combines two ingredients:

cabotegravir and rilpivirine. GSK also markets a newly approved pill, Dovato, that is taken daily and contains the same ingredients.

[Lung illnesses among vapers is growing: FDA joins CDC's investigation](#)

Sixteen states have now reported vaping-related respiratory illnesses in the past two months. Many of the patients are teenagers or young adults. It is unclear whether a contaminant in a used cartridge or a home-brewed concoction of vaping liquids is causing the illnesses.

Finding the Right Surgeon – Part I

Anyone undergoing a surgical procedure wants nothing more than to come out of the operating room with minimal pain, rapid healing, no complications, and their health problem solved. Unfortunately, elective surgery sometimes becomes something that patients regret. According to ProPublica, at least 200,000 Americans die each year because of preventable medical errors in hospitals, making it the third leading cause of death in the United States, with six times as many deaths as from auto accidents.

When choosing the surgeon that is right for you, many factors should be taken into account. Does the surgeon have experience with patients in your age group or with patients having underlying medical conditions similar to yours? For example, an orthopedic specialist with a record of performing successful athletic injury surgeries on younger patients may not be the best choice for an 80-year old patient needing back surgery. Take into consideration the doctor's level of attention at your initial visits, which can be an indication of the kind of care you will receive after the surgery is completed, the responsiveness of the office staff, and the reputation of the hospital where the procedure will be performed.

In addition to these factors, there are online resources that can help you decide. Check out some doctor ratings sites that have patient-provided ratings and reviews. (See our [article](#) from several weeks ago for some examples.) There are at least two sites that focus specifically on surgeon ratings: Surgeonratings.org and SurgeonScorecard.org.

Ratings of Surgeons Performing High-Risk Surgeries

[Surgeonratings.org](#) is published by the Center for Study of Services, also known as Consumers Checkbook.

Unlike their main database of service provider ratings, **no membership or password** is required to access the surgeon information.

The site provides ratings of individual surgeons for twelve high-risk surgeries based on how many patients had complications after the surgery. Surgeons are rated on a five-star scale based on the level of confidence that the surgeon's outcomes are better-than-average or worse-than-average for post-surgery complications. The data is based on analysis of Medicare records for more than 5 million surgeries performed by more than 50,000 surgeons nationwide. Rates of deaths, length of hospital stay (prolonged length of stay indicates likely complications), hospital readmissions within 90 days of surgery are all considered, after risk-adjustments for patient characteristics, to determine the surgeon ratings.

The chart below lists the twelve surgeries covered in the database, along with the best, average, and worst complication rates. Go to the [web site](#) to look up individual surgeon's ratings. Ideally, find a doctor with a low or average complication rate. Keep in mind that the complication rates may seem high for even the five-star doctors. These are riskier procedures, and the data is based on surgeries performed in hospitals on older or disabled patients (covered by Medicare), and cover complications over a 90-day time span.

Rate of Serious Complications or Death by Surgery Type			
	Top 10% of surgeons	Average surgeon	Worst 10% of surgeons
Hip or Knee Replacement	9	15	25
Prostatectomy or Cystectomy or Nephrectomy	10	19	28
Carotid Endarterectomy or Angioplasty	11	19	28
Spinal Cord Exploration/Spinal Fusion	11	18	27
Gastric/Bariatric (Obesity)	14	27	40
Gallbladder Removal	15	25	36
Lung Surgery	17	26	37
Femur Fracture Repair	20	33	46
Angioplasty or Pacemaker Surgery	22	33	43
Heart Valve or Heart Bypass	23	31	41
Major Bowel Surgery	23	36	49
Aortic or Lower Extremity Vascular Surgery	25	36	49

Chart compiled by AskaPatient.com
 Data Source: Checkbook.org/surgeonratings database; complication rates are for Medicare-covered patients, who are typically 65 years of age or older or have coverage based on disabilities.

Surgeonratings.org also provides information on surgeons that are most often recognized by their peers. They send surveys to all actively practicing physicians in the 53 largest metropolitan areas in the U.S. and ask them for the name of one or two doctors in each of 38 specialty fields they “would consider most desirable for care of a loved one.”

Visit the site again later this year, as Checkbook plans to update the data and provide more features in fall 2019. Currently, the data is based on surgeries only going through 2015. **In Part 2 of this article, we'll describe ProPublica's Surgeon Scorecard database as well as provide descriptions of some of the many additional surgery information web sites.**

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