



Factors Associated with Lost to Follow up of Cholangiocarcinoma Patients

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Abstract:

Cholangiocarcinoma patients who become lost to follow up result in lose the opportunity to survive. The objective of this study was to analyze factors associated with lost to follow up of cholangiocarcinoma patients. This study was retrospective analytic study. The samples were new cholangiocarcinoma patients at Srinagarind Hospital. Data were collected by interview patients or relatives and from the hospital database between January 1, 2017 – June 30, 2018. The patients who alive and did not come to see a doctor after an appointment date more than 30 days were defined as lost to follow up. Multiple logistic regression was used to analyze. 371 cholangiocarcinoma patients, the lost to follow up rate was 34.8 (129/371). The number of follow up and treatment plan were statistically significant with lost to follow up, which meant every time that patients coming to follow up would reduce the chances of lost to follow up 22% (Adj. OR = 0.78; 95% CI = 0.71 – 0.85; $p < 0.001$). Patients who had operative and palliative PTBD / ENBD treatment plan had opportunity to lost follow up 7.73 times (95% CI: 3.51 – 17.02; $p < 0.001$) and 2.83 times (95% CI = 1.65 – 4.88; p -value < 0.001) respectively when compared with other treatment plans. Factors associated with lost to follow up in cholangiocarcinoma patients were operative and palliative PTBD/ENBD treatment plan. Thus, doctors, nurses should emphasize on providing knowledge of diseases and treatment plans to those patients.

Biography:

Aeumporn Pimdee was a Registered Nurse and graduate



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Recent Publications:

1. Pimdee A, Prompinit S, Thapanawong Mitsungrern T, Puguen P (2014) Inter-Rater Reliability of Triage Emergency Patients between Out Patient Department & Out Patient Department Accident Emergency Nurses and Emergency Physicians, Srinagarind Hospital. SMJ 29(4) 11-15.
2. Implementing disability evaluation and welfare services based on the framework of the International Classification of Functioning, Disability and Health: experiences in Taiwan.
3. Chiu WT, Yen CF, Teng SW, Liao HF, Chang KH, Chi WC, Wang YH, Liou TH.
4. BMC Health Serv Res. 2013 Oct 14;13:416. doi: 10.1186/1472-6963-13-416. PMID: 24125482