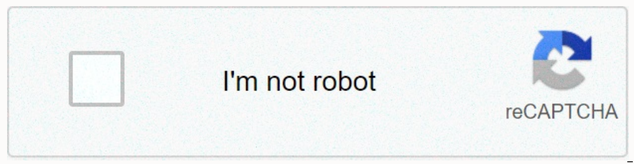

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Pleurx drainage kit cost

$27.96 $27.96 $30.83 $30.83 4.7 of 5 stars 14.686 $69.99 $69.99 ($0.39/Count) Visit the Help section or contact us {{x.Name}} ${{ x.OurPrice | name: : 2}} {{x.Name}} ${{ x.OurPrice | name: : 2}} *Image displayed for reference purposes only. The actual appearance of the product may vary. Please read the product description for full and accurate details. Manufacturer: BD Dwelling catheters and active vacuum technology allow patients to drain quickly and comfortably without the need for a gravity Pleux catheter can be used instead of a chest tube to deliver talc or bleomycin for chemical procedures pleurodesis Polyester cuff promotes tissue growth, helps reduce the risk of infection and keeps the catheter in place Designed to equip patients to manage recurrent pleural effusion and malignant ascites at home Proprietary safety valve keeps air or fluid from inadvertently passing through the catheter Specifications Canister Size CC 1000 HPIS code 710_260_50_0 Latex Free Yes, No size in ML 1000 ml, 500 ml UNSPSC 42144104 Canister Size CC HPIS Latex Code Free size in ML UNSPSC 5.1 Sponsor submitted a new cost analysis based on the decision tree model with embedded Markov model. This model assessed the cost per patient and the systemic impact of the PleurX peritoneal catheter drainage system on the drainage of resistant, recurrent malignant ascites in the community environment compared to hospitalisation and outpatient large-scale paracentesis. 5.2 The time horizon of the model was 26 weeks (6 months) from the initial insertion of the PleurX peritoneal catheter. Mark's model was launched over 26 weekly cycles to take into account the short survival duration in patients with malignant ascites. Cycles used the probability of transition based on 100% survival at week 0 to 4% survival at week 26. The cost of treatment has been multiplied by the probability of switching in each cycle; half-cycle corrections were used to incorporate changes in survival within the cycle. 5.3 The key assumptions used in the model were: no change in survival rates in both arms of the model required 2 nurse visits to train patients to self-manage drainage at home using the PleurX peritoneal catheter drainage system similar to the level of treatment monitoring needs in both arms of the nurse model to visit a length of 15 minutes for a PleurX peritoneal catheter drainage system to help with drainage on the home drainage volume of 9.2 liters per procedure in patients who repeated a large volume of paracentesis average drainage volume of 3.5 liters per week using the pleurisy peritoneal catheter drainage system one nurse visit per liter of ascitic fluid drainage using the PleurX peritoneal catheter drainage system the cost of re-intervention is equivalent to the first time catheter insertion procedure. 5.4 The model calculated the cost per patient of drainage of the PleurX peritoneal catheter and large-band paracentesis, as well as the incremental cost of the PleurX peritoneal catheter drainage system. The costs of the scheme included: hospital stay (1 day), consumables of the procedure and other costs (including staff time), PleurX drainage kits, home nurse visits and treatment of complications (infection, catheter failure and re-intervention). The costs of large volume paracentesis included: hospital stay (2.8 days) or outpatient (1 day), procedure consumables and treatment of complications. In addition, the impact of the system was presented in terms of the number of paracentesis, the number of litres of depleted ascitic fluid, the number of days per bed and the number of visits by nurses for both interventions. 5.5 The cost per patient of treating malignant ascites using the peritoneal catheter drainage system PleurX was estimated at £2,466, while for hospitalisation and outpatient large-volume paracentesis it was estimated at £3,146 and £1,457. A 5.6 analysis of the underlying case showed that managing treatment-resistant, recurrent malignant ascites with a PleurX peritoneal catheter drainage system can result in cost savings of £679 per patient compared to hospitalization by large-scale paracentesis. In this scenario, 7.4 hospital bed days were deposited on the patient, but 23.5 more community nurse visits to patients' homes were needed. When the pleurX peritoneal catheter drainage system was compared to outpatient large-scale paracentesis, additional costs of £1,010 per patient were incurred, including 23.5 extra nurse visits, but 1.9 fewer hospital bed days used per patient. 5.7 The key drivers of the new cost analysis were: the cost per day of hospital bed, the number of days per bed for a large-city meeting with paracentesis, the number of large-scale paracentesis procedures per month, the number of days per bed for the location of the PleurX peritoneal catheter, the cost of a drainage kit (10 units) and the number of drainage kits used per week per patient. The analysis showed that the cost savings associated with the PleurX peritoneal catheter drainage system compared to hospitalisation with high volume paracentesis were largely dependent on a reduction in hospital stays. The cost of a bed a day was estimated at £312. 5.8 The sponsor carried out a one-way deterministic sensitivity analysis. All variables (except population size) were tested and analyzed using a variance of 20% regardless of the level of confidence in the input or parameter-specific circumstances. The external evaluation centre selected and subjected six key drivers and underwent further analysis of deterministic thresholds across a wide range of values in order to determine the point at which the PleurX peritoneal catheter drainage system became more costly or cost-saving compared to hospital and outpatient large-volume paracentesis. 5.9 analyses of threshold sensitivity showed that the pleurX peritoneal catheter drainage system may incur additional costs compared to the impatient large-scale paracentesis in the following scenarios: the cost of the excess day of rescheduling shall be reduced to less than £220 per day; the frequency of hospitalization of a large volume of paracentesis is reduced to less than one per month; the average duration of hospitalization after high volume paracentesis is reduced to 2.1 days; the number of days of hospitalization after the procedure of insertion of the peritoneal catheter Pleurisy increases to more than 3.1 days; the cost of a PleurX drainage kit is increased to more than £915 (per 10 units); more than 5.1 drainage unit kits are needed per week. The drainage system of the PleurX peritoneal catheter can become a cost saving compared to outpatient large-scale paracentesis in the following scenarios: the cost of the excess day of recheduling increases to more than £825 per day; the frequency of the outpatient large-scale paracentesis procedure increases to more than 2,5 per month; the average length of stay in the hospital after outpatient large-scale paracentesis increases to more than 2,1 days; the cost of the PleurX drainage kit shall be reduced to less than £225 (per 10 units); less than 1.14 drainage unit kits are needed per week. 5.10 Sensitivity analysis has shown that the pleurX peritoneal catheter drainage system is likely to remain economical compared to hospitalisation with high volume paracentesis and is likely to incur additional costs compared to outpatient large-volume paracentesis. 5.11 A new cost analysis has shown that the drainage system of the PleurX peritoneal catheter was economical compared to hospitalisation with large-scale paracentesis, but incurred additional costs compared to outpatient large-scale paracentesis. The additional costs compared to outpatient treatment were mainly due to the increased number of home nurse visits, with little compensation saved in hospital bed days. However, the committee was informed that the additional cost burden imposed on community nursing staff as a result of the pleurx peritoneal catheter drainage system may be overstated, given that most patients receive health care in the community regardless of whether they have a PleurX peritoneal catheter in place. The Committee was advised that many patients do not have to prioritise outpatient over hospitalisation for large-scale paracentesis, as it does not necessarily alleviate the intolerable symptoms associated with the accumulation of ascitic fluid any better than hospitalisation of large-scale paracentesis and nevertheless still creates the need for repeated outpatient visits. 5.12 The Committee recognised that extensive paracentesis is currently offered as an outpatient, outpatient or daily procedure and that this practice varies across the UK. In addition, the cost of resources for outpatient large volume paracentesis varies, with the daily procedure in the case being more costly (although this was not reflected in the cost model). The committee was advised that the PleurX peritoneal catheter drainage system is likely to save costs compared to the daily case of large-volume paracentesis. 5.13 Clinical experts have recommended to the Committee that an average hospital stay of 2.8 days after hospitalisation of a large volume of paracentesis used in the basic analysis is a realistic estimate and reflects current practice in many NHS centres. 5.14 The Committee acknowledged that the NHS tariff used to calculate over bed days underestimated the cost of hospitalisation and that their correction could further increase the cost savings at hand at the peritoneal catheter drainage system of PleurX. 5.15 In the case of a review of the guidelines, the external evaluation centre revised the model to reflect the costs for 2017 (the original guidance values are shown in brackets). The biggest changes were an increase in the cost of hospital bed days (£312 to £355) and a reduction in the cost of a typical visit to a nurse (£27 to £14.33). The basic results of the revised 2018 model show cost savings of £1,051 (£679) per patient. The difference in costs between PleurX and paracentesis as an outpatient procedure is reduced to an additional cost of £871 (£1,010) per patient. Further details of the revised model for 2018 are set out in the revised template [2018]. [2018].

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