easily be performed for other commonly performed procedures with the aim of decreasing healthcare costs.

CONCLUSION

The unnecessary use of ASCs and ancillary pathology services for vasectomy may lead to tens of millions of dollars in potentially avoidable healthcare costs annually.

SUPPLEMENTARY MATERIALS

Supplementary material associated with this article can be found in the online version at https://doi.org/10.1016/j.urology.2019.01.064.

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EDITORIAL COMMENT

The overuse of resources and excessive spending of healthcare dollars in the US are among the reasons that the US is the most expensive healthcare system in the world, while still failing to achieve similar outcome metrics as many other developed nations. There is no better procedure to evaluate such excess than vasectomy. As the most effective, safest, and lowest cost option of permanent sterilization, vasectomy is a commonly utilized and incredibly important procedure for couples. However, as one of many alternatives in contraception, it remains a comparatively expensive, elective procedure utilized almost exclusively by an insured population.

Vasectomy is, and has always been, an office-based procedure requiring only local anesthesia and approximately 15-20 minutes of procedure time. Therefore, the sheer possibility that more than a few percent of vasectomies are occurring in an operating room is an alarming overuse of resources, particularly as private ownership of ambulatory surgery centers (ASCs) by surgeons is on the rise. For these reasons, this study by Zholudev et al[1] that evaluates healthcare costs of vasectomies based on potential areas of overuse of resources is an extraordinarily important contribution to not only the urologic literature, but to the healthcare policy literature as well.

The authors used Truven MarketScan data to assess the outcomes of vasectomy costs based on exposure variables that included the procedure setting of either the office vs an ASC, as well as the use of ancillary pathology services. Remarkably, almost 20% of vasectomies in this database were performed in ASCs, at almost triple the cost. Additionally, the authors report another astounding finding that, despite recommendation against such practice by the American Urological Association, vasal segments were submitted for pathologic evaluation in 65% of cases performed at an ASC. This use of ancillary pathology services occurred almost twice as often than when the procedure was performed in the office setting, overall increasing healthcare costs by 55% per case. These observed trends resulted in $9 million total excess healthcare cost burden annually just for the fraction of patients within the MarketScan database.

As the authors note, the paper is limited by the available data in MarketScan, which does not include the surgeons' specialty, the practice setting such as private vs academic practice, the ownership of the ASCs, and many other variables which would help to understand why these trends were observed. The next step will be to determine the driving forces behind such blatant overuse of resources so that it can be addressed in the future.

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Reference

1. Insert reference for "Use of Office Versus Ambulatory Surgery Center Setting and Associated Ancillary Services on Healthcare Cost Burden for Vasectomy Procedures".

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