

Surgical treatment of children includes the treatment of congenital abnormalities, fractures and injuries, maldevelopment of the musculoskeletal system and tonsillectomies and appendectomies. Different surgical specialities treat children, and children are admitted for surgical treatment both to children's departments and to surgical wards for adults.

### Sample

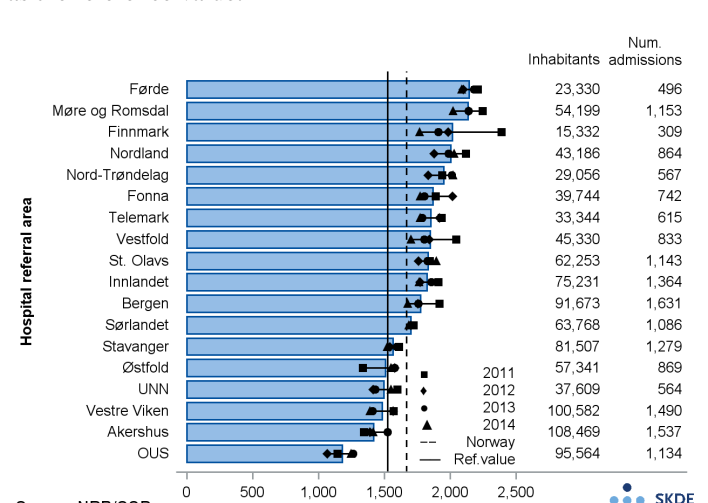
The sample consists of all surgical admissions of children in the somatic specialist health service with a duration of at least 24 hours.

By surgical admission is meant admissions for conditions that are normally treated by a surgical department, see the report for a more detailed definition. The admission rate for children living in the hospital referral areas of the six university hospitals has been chosen as the reference value.

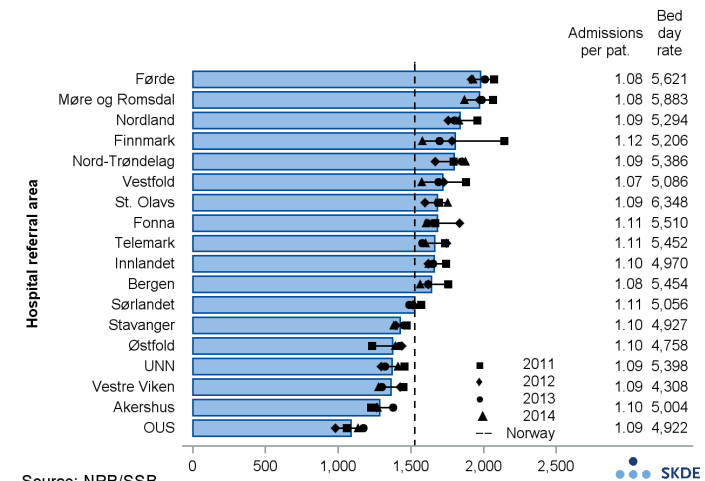
### Comments

Each year, 16,000 children are admitted to Norwegian hospitals a total of 18,000 times for surgical conditions. This accounts for 29% of all somatic hospital admissions of children aged 0-16 years. Emergency care admissions make up 54% of these admissions.

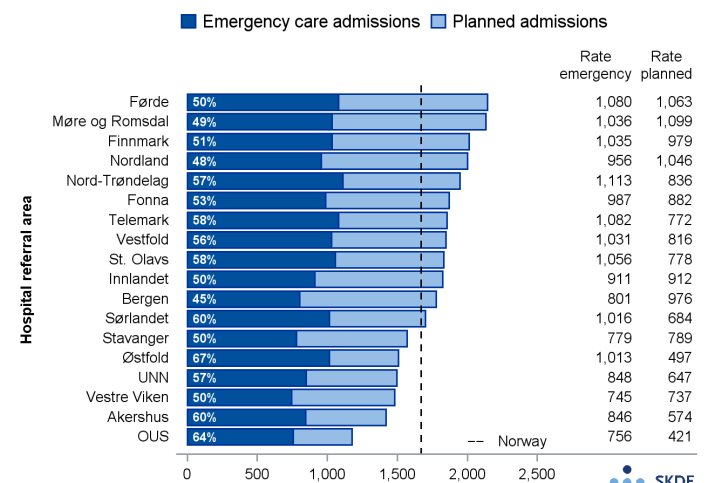
Both the usage and patient rates for children admitted with a surgical diagnosis are 1.8 times higher for Førde than for OUS hospital referral area.



Source: NPR/SSB  
Surgical admissions, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014.



Source: NPR/SSB  
Surgical admissions, age-adjusted patient rates per 100,000 children 0-16 year, per hospital referral area, per year and as an average for the period 2011-2014. Average number of admissions per patient (contact frequency) and bed day rate.



Source: NPR/SSB  
Surgical admissions, by degree of urgency, age-adjusted usage rates per 100,000 children 0-16 year, per hospital referral area and as an average for the period 2011-2014.

There are no indications that this variation in usage rates can be explained by differences in morbidity or framework conditions between hospital referral areas. However, the usage rates for surgery must be considered in light of geographical conditions that can influence the use of day surgery.

The five hospital referral areas with the highest usage rates all have challenging geographical conditions that could play a role in making it more difficult to use day surgery. Of the five hospital referral areas with the lowest usage rates for admissions, two also have low outpatient rates (Vestre Viken and Østfold). OUS hospital referral area has the lowest usage rate for admissions and the highest for outpatient treatment.

If all hospital referral areas had a usage rate equal to the reference value (the usage rate for the population of the six university hospitals' referral areas), the number of admissions could be reduced by 1,500 per year (9%).