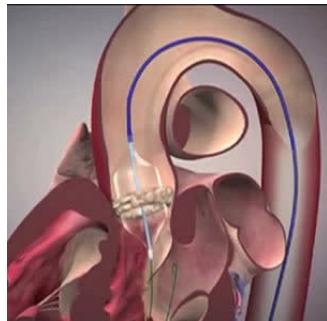


Length of hospital stay impacts outcomes post TAVR



According to new research, patients who stay in the hospital for more than 72 hours when undergoing transfemoral transcatheter aortic valve replacement (TF-TAVR) procedure may be associated with negative short- and long-term outcomes. The study, which includes independent predictors of early and delayed discharge post TAVR, was presented as late-breaking clinical science at the Society for Cardiovascular Angiography and Interventions (SCAI) 2018 Scientific Sessions.

TAVR is a procedure used for patients (at high or intermediate risk for surgical aortic valve replacement) with severe narrowing of the aortic vessel where a prosthetic valve is implanted and the damaged valve is replaced. While the strategy of early discharge is important from administrative and financial view point, such practice may also come with additive clinical benefit in terms of improved short and long-term outcomes.

The study, conducted by Siddharth Wayangankar, MD, University of Florida, and colleagues, aimed to investigate the trends, predictors, and outcomes associated with length of stay (LOS) post TF-TAVR. Patients undergoing non-aborted transfemoral TAVR, (n=32,847) and survived to discharge (n=24,285) in the TVT Registry from 2011-2015 were categorised as early discharge (ED <72 hours) or delayed discharge (DD).

During the study period, the research team notes, there was a significant decline in the rates of DD (62.2 percent in 2012 Q1 versus 34.4 percent 2015 Q3). The researchers identified distinct independent predictors of early/late discharge (multivariate analysis) which Dr. Wayangankar claims may have immense impact on future care for aortic stenosis patients. In addition, the study compared one-year outcomes based on LOS. DD post TAVR was significantly associated with higher 1-year all-cause mortality with separation of curves noted immediately post procedure. Even after adjusting for in-hospital complications, DD was an independent predictor of 1-year all-cause mortality.

"Pre-TAVR," Dr. Wayangankar explains, "these predictors could be used to develop bedside risk scores for LOS. These could help physicians in patient selection, procedural and post-procedural planning based on patient-specific variables." These risk scores could also be used by administrators, third-party payors and policy makers for formulating coverage for TAVR procedures and evaluating bundle payments, the doctor says.

Dr. Wayangankar believes the study results have immense post-TAVR implications too. Considering the strong association of DD and outcomes at one year, patients with DD may require a more rigorous follow-up schedule to mitigate the higher mortality and hospitalisation rates.

According to the research team, data from their study (predictors) should be prospectively validated within the TTVT registry. Once validated, LOS calculators could help streamline TAVR programmes across the world and would help make aortic stenosis care efficient, optimised and sustainable.

Source: [Society for Cardiovascular Angiography and Interventions](#)

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