New study shows length of hospital stay impacts outcomes after TAVR procedure

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A new study finds patients who stay in the hospital for more than 72 hours when undergoing trans-femoral transcatheter aortic valve replacement (TF-TAVR) procedure may be associated with negative short and long-term outcomes. The authors, for the first time, report a significant decline in the rates of delayed discharge; and identified independent predictors of both delayed and early discharge post TAVR. The study was presented as late-breaking clinical science at the Society for Cardiovascular Angiography and Interventions (SCAI) 2018 Scientific Sessions.

More than five million Americans are diagnosed with heart valve disease each year (AHA). 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. Hence, the aim of this study was 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 categorized as early discharge (ED