

Cardiac CT is more cost effective when managing low-risk patients with chest pain

July 9 2009

The use of cardiac CT for low-risk chest pain patients in the emergency department, instead of the traditional standard of care (SOC) workup, may reduce a patient's length of stay and hospital charges, according to a study performed at the University of Washington School of Medicine, Seattle, WA. The SOC workup, which is timely and expensive, consists of a series of cardiac enzyme tests, ECGs and nuclear stress testing.

Fifty patients were included in the study. "We found that cardiac CT based workups in low risk chest [pain](#) patients decreased the length of hospital stay up to 20 hours and was significantly cheaper (44% less) than using the standard of care workup," said Janet May, MS, lead author of the study. "The SOC mean length of stay was 25.4 hours and the mean length of stay for cardiac CT with observation was 14.3 hours. The mean charges for SOC were \$7,597; the mean charges for cardiac CT with observation were \$6,153; and the mean charges for cardiac CT without observation were \$4,251," said May.

"Delivering care through emergency departments is expensive, so cost containment in that setting is critical. Over six million patients present to US emergency rooms each year with chest pain and up to 79% of those patients fall into the low-risk category," she said.

"Our study shows that [cardiac CT](#) has the potential to significantly reduce cost and length of stay in the emergency department by rapidly identifying those [patients](#) who can safely be discharged quickly," said May.

More information: This study appears in the July issue of the *American Journal of Roentgenology*.

Source: American Roentgen Ray Society

Citation: Cardiac CT is more cost effective when managing low-risk patients with chest pain (2009, July 9) retrieved 23 April 2024 from <https://medicalxpress.com/news/2009-07-cardiac-ct-effective-low-risk-patients.html>

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