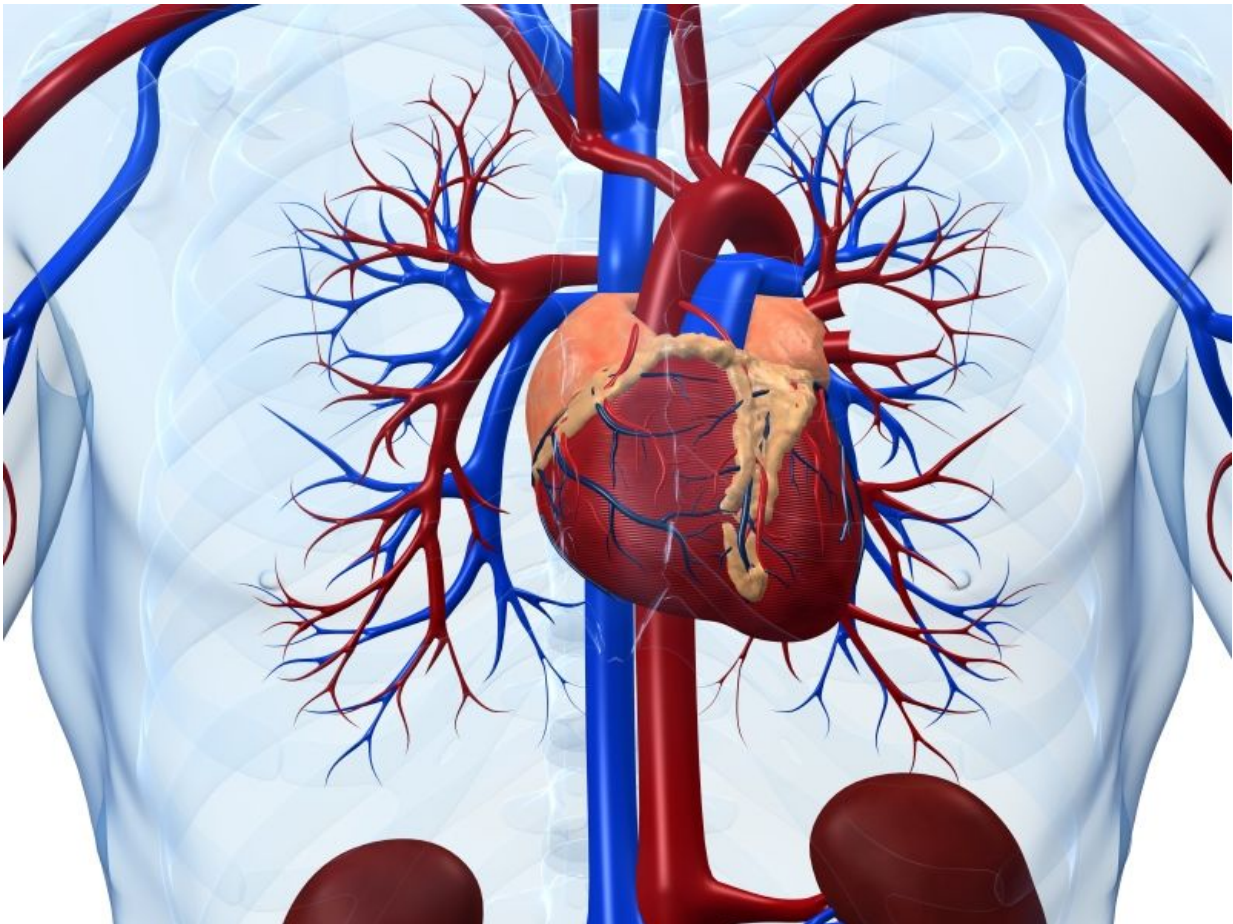


Study highlights readmit factors post atrial flutter ablation

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(HealthDay)—Recognition of factors associated with early readmission

for patients after atrial flutter (AFL) ablation is necessary for reducing costs and improving quality of life, according to a study published online Aug. 11 in the *Journal of Cardiovascular Electrophysiology*.

Byomesh Tripathi, M.D., from Mount Sinai St Luke's-Roosevelt Hospital in New York City, and colleagues examined factors associated with early readmissions following AFL ablation. The National Readmission Database 2013 to 2014 was used to derive the study cohort.

The researchers found that the readmission rate was 18.19 percent among 5,552 patients (1,010 patients with 1,396 readmissions). Heart failure, atrial fibrillation, [atrial flutter](#), respiratory complications, infections, bleeding, and stroke/transient ischemic attack were common etiologies for readmission (12.23, 11.13, 8.93, 9.42, 7.4, 7.39, and 1.89 percent, respectively). Preexisting [heart failure](#), [chronic pulmonary disease](#), anemia, malignancy, weekend admission (versus weekday admission), and length of stay of at least five days were significant multivariate predictors of 90-day readmission (hazard ratios, 1.30, 1.37, 1.23, 1.87, 1.23, and 1.39, respectively). Half of the readmissions occurred within 30 days of discharge.

"Identifying high-risk patients, careful discharge planning, and close follow-up post-discharge can potentially reduce readmission rates in AFL ablation patients," the authors write.

More information: [Abstract](#)
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