

TAVR associated with shorter hospital stay, compared to SAVR

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John P. Vavalle, MD, is the study's corresponding author. Credit: UNC School of Medicine

For many years, surgical aortic valve replacement (SAVR) has been considered the standard of care for older adults with aortic stenosis. In recent years, transcatheter aortic valve replacement (TAVR) has increasingly gained acceptance as a less-invasive treatment option.

But how does TAVR compare to SAVR when it comes to the metrics of average length of stay (LOS) in the hospital and discharge to home versus discharge to a skilled nursing facility? A new study led by researchers in the UNC School of Medicine's division of cardiology and published Sept. 14 in *Circulation: Cardiovascular Interventions* seeks to answer that question.

The study authors analyzed hospitalizations data from the National Inpatient Sample (NIS) database for more than 13,000 adults aged 50 or older who underwent either TAVR or SAVR between 2012 and 2015. They found that the average length of stay declined among both groups of patients, but there was a significantly greater reduction among TAVR patients.

In addition, they found that during the course of the study, the percentage of TAVR patients who were being discharged to home/home health care increased from 67.7 percent to 77.4 percent, the percentage of TAVR patients who were being transferred to skilled nursing facilities decreased from 27.1 percent to 20.7 percent, and the in-hospital mortality of TAVR patients decreased from 4.2 percent to 1.6 percent.

Overall, patients who underwent TAVR had a significantly shorter length of stay and were significantly less likely to be transferred to a skilled nursing facility compared to patients who underwent SAVR.

"From 2012 to 2015, there was substantial decrease in LOS and an increase in the proportion of home discharges during the same time period among patients undergoing TAVR. In addition, high-risk [patients](#) had a significantly shorter LOS when undergoing TAVR, were more likely to be discharged home, and were less likely to be discharged to a skilled nursing facility, compared to if they had undergone SAVR," the study concludes.

Provided by University of North Carolina Health Care

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