

Early discharge after lung surgery benefits patients without raising readmission risk

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When hospitals implement programs to optimize patients' recovery from surgery, healthcare costs fall and patients show improved outcomes. One major benefit of the programs—known as enhanced recovery pathways—include shorter hospital stays. But thoracic surgeons are often reluctant to discharge patients on an accelerated timeframe for fear early discharge might harm their patients and lead to early readmissions.

Now Nathaniel Evans III, MD, Division Director of Thoracic and Esophageal Surgery at Jefferson Health, and colleagues examined the assumption and have shown that early discharge does not increase readmission risk for [patients](#) after minimally invasive lung surgery. The finding indicates that early discharge is a safe practice for institutions with well-established enhanced recovery pathways. Dr. Evans and team published the research in the journal *Innovations: Technology and Techniques in Cardiothoracic and Vascular Surgery* online ahead of print on March 14.

Enhanced recovery pathways are a set of protocols surgical teams use before, during and after surgery to deliver the best possible care to patients. Within Jefferson's well-defined ERP, physicians educate lung surgery patients on the benefits of smoking cessation before the procedure. During the operation, surgeons use minimally invasive techniques and closely monitor patients' fluids. Following the procedure, nurses specifically trained to care for thoracic surgery patients keep close watch on any changes to their condition. Physicians also minimize the use of opioids and other narcotic drugs, while encouraging patients to

eat regular food and get back on their feet as soon as they are able. The combination of interventions boosts patients' recovery.

Dr. Evans and colleagues analyzed readmission rates for nearly 300 patients who had undergone lung resection surgery at Jefferson between January 2010 and July 2017. On average, patients stayed in the [hospital](#) for three to five days after surgery, yet during the study time about half of patients went home in one or two days. The investigators matched the "average" and "early" groups by symptoms, stage of disease and other factors in order ensure an apples-to-apples comparison. Yet, Dr. Evans and team found that patients who were discharged sooner, one to two days post-surgery, had lower rates of hospital readmission.

"Patients and their physicians are often worried that going home 'too soon' will make them more likely to have to come back to the hospital," says Dr. Evans. In fact, the opposite is true. Patients who are well enough to go home, who don't need the hospital services anymore, are very unlikely to need to return,"

Longer hospital stays were also associated with higher complication rates. Thirty percent of patients who stayed in the hospital an average amount of time suffered complications, compared to only seven percent of patients that were discharged early, Dr. Evans and colleagues report.

"The goals of enhanced recovery pathways are to get healthy patients home sooner and to make sure sicker patients get the care they need," notes Dr. Evans. "As expected, patients who weren't ready for discharge early were more likely to be sicker patients who we know are at higher risks for complications and readmissions."

Overall, readmission risk was 2.3 times greater for patients who stayed in the hospital for three to five days after surgery than early-discharge patients. The findings show that for institutions with well-defined

enhanced [recovery](#) pathways, early discharge does not increase [readmission](#) risk for thoracic [surgery](#) patients, and may in fact reduce readmissions and improve patient outcomes.

More information: Guillaume S. Chevrollier et al, Early Discharge Does Not Increase Readmission Rates after Minimally Invasive Anatomic Lung Resection, *Innovations: Technology and Techniques in Cardiothoracic and Vascular Surgery* (2019). [DOI: 10.1177/1556984519836821](#)

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