INCIDENCE AND CAUSES OF 30-DAY READMISSION AND MORTALITY IN PATIENTS WITH CRITICAL LIMB ISCHEMIA TREATED WITH ENDOVASCULAR THERAPY

Poster Contributions
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Background: Hospital readmissions are often used as a quality metric. However, there is limited data on the reasons for 30-day rehospitalization in patients with critical limb ischemia (CLI) treated with endovascular therapy, and whether readmission correlates with mortality is unknown.

Methods: This was a retrospective study of all of the CLI patients treated with endovascular therapy at a tertiary care center between 7/2011 and 3/2013. Rates of 30-day readmission and mortality were determined by chart review, and were stratified by procedure or non-procedure related causes. Cox proportional hazard analysis was used to examine the association between readmission and mortality.

Results: A total of 161 CLI patients underwent endovascular therapy, and 19% (n=30) were readmitted within 30-days. Of these, 13% (n=4) were due to procedure-related complications, and 10% (n=3) were due to other cardiovascular causes. Approximately 46% (n=12) of non-procedure related causes were due to chronic lower extremity ulceration or ulcer pain. Overall mortality was 6% (n=10) at 1-year. Patients readmitted within 30-days had greater mortality at 6-months (13% vs 2%, p=0.007) and at 1-year (17% vs 4%, p=0.009).

Conclusion: Approximately one-fifth of patients are readmitted within 30-days after endovascular therapy for CLI, most for non-procedural and non-cardiovascular reasons. Although infrequent, 30-day readmission is associated with an increased risk of mortality both at 6-months and at 1-year.