Advantages And Limitations Of Same Day Discharge For Patients Undergoing EVAR: When Is It Safely Possible And When Not

Maciej Dryjaik, MD, PhD, FACS
Professor of Surgery
Vice-Chairman Department of Surgery University at Buffalo
Director Vascular and Endovascular Surgery.
Kaleida Health, Buffalo, NY

Disclosure

• Medtronic – Advisory Board DCB
• W.L. Gore – Clinical Trials
• Bolton – Clinical Trial
• Vascutek – Clinical Trial

Outpatient Endovascular Aortic Aneurysm Repair

Experience in 100 Consecutive Patients

• 100 patients
• 23 Antwerp, 1999-2002
• 77 Zurich, 2011-2012
  – 40% of all EVAR patients

SDD EVAR

• Local anesthesia - 97%
• PEVAR - 98%
• 30-day mortality - 0%
• 30-day readmission rate - 4%
• 97% of patients rated it favorably
• Outpatient EVAR less expensive

Results

• Same day discharge 33%
• POD#1 37%
• POD#2/3 25%
• POD#4-6 5%
• No 30-day mortality
• 30-day readmission (PIS) 1 patient

Ambulatory percutaneous endovascular abdominal aortic aneurysm repair

Hana H. Osefo, BS, MS, Geriatric Pharmacist; Melvin T. Keys, MD, Orthopedic Surgeon; Konstantinos Kontos, MD, Interventional Radiologist; Frederick W. Kravitz, MD

• VA Western NY Healthcare System
  – 03/2011-12/2012
• 64 Elective EVAR
• 84% PEVAR
• 81% General Anesthesia
Analyzed the clinical feasibility and financial impact of SDD following EVAR
- 67 elective EVAR
- 70% PEVAR
- 82% GA
- 72% - Discharged < 30 hrs
- No 30-day mortality
- 6% - EVAR related 30-day readmission

Costs by Discharge Time

<table>
<thead>
<tr>
<th></th>
<th>&lt;20 Hours</th>
<th>21-24 Hours</th>
<th>25-31 Hours</th>
<th>P Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>$0</td>
<td>$2</td>
<td>$60</td>
<td>0.34</td>
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<tr>
<td>Lab</td>
<td>$120</td>
<td>$121</td>
<td>$102</td>
<td>0.76</td>
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<tr>
<td>Pharmacy</td>
<td>$260</td>
<td>$368</td>
<td>$324</td>
<td>0.22</td>
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<tr>
<td>Nursing Unit</td>
<td>$689</td>
<td>$864</td>
<td>$839</td>
<td>0.72</td>
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<tr>
<td>PACU</td>
<td>$907</td>
<td>$1072</td>
<td>$1051</td>
<td>0.26</td>
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<tr>
<td>O.R</td>
<td>$23,840</td>
<td>$23,204</td>
<td>$22,107</td>
<td>0.42</td>
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<tr>
<td>Total</td>
<td>$28,063</td>
<td>$27,575</td>
<td>$26,554</td>
<td>0.51</td>
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</table>

Mean Hospital Costs

<table>
<thead>
<tr>
<th></th>
<th>Mean Cost</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hospitalization</td>
<td>$29,479</td>
<td>-----------</td>
</tr>
<tr>
<td>Operating Room</td>
<td>$23,710</td>
<td>80.3%</td>
</tr>
<tr>
<td>Nursing</td>
<td>$3,197</td>
<td>10.7%</td>
</tr>
<tr>
<td>Pre-op Ambulatory Surgery Unit</td>
<td>$289</td>
<td>1.0%</td>
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<tr>
<td>Post Anesthesia Care Unit</td>
<td>$992</td>
<td>3.1%</td>
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<tr>
<td>Nursing Unit</td>
<td>$1,409</td>
<td>4.7%</td>
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<tr>
<td>ICU</td>
<td>$547</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other/Miscellaneous</td>
<td>$1,267</td>
<td>4.2%</td>
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<tr>
<td>Anesthesia</td>
<td>$670</td>
<td>2.2%</td>
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<tr>
<td>Pharmacy</td>
<td>$439</td>
<td>1.4%</td>
</tr>
<tr>
<td>Lab/Diagnostic Testing</td>
<td>$381</td>
<td>1.2%</td>
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</tbody>
</table>

When is it safely possible?
- Asymptomatic
- Low-risk patients
- Appropriate anatomy for EVAR
- Adult supervision at home
- Technically successful procedure
- General anesthesia and cutdown does not preclude SDD

Problem
- There is no reimbursement for the Hospital for SDD EVAR from
  - CMS
  - 3rd party payers
- Patient has to be admitted (“in patient status”)
  - Significantly higher co-pay for in-patient surgery than outpatient

Summary
- SDD following EVAR is safe and possible in up to 40% of all AAA patients
- No financial gains for hospital for SDD EVAR
- EVAR is not recommended for outpatient centers at the present time
Outpatient Center EVAR
Is it Safe?

- 64 elective EVAR
- 32 (50%) would be eligible for APEVAR
- 4 (6%) would have needed urgent cutdown
- 2 (3%) would have needed Foley reinsertion