

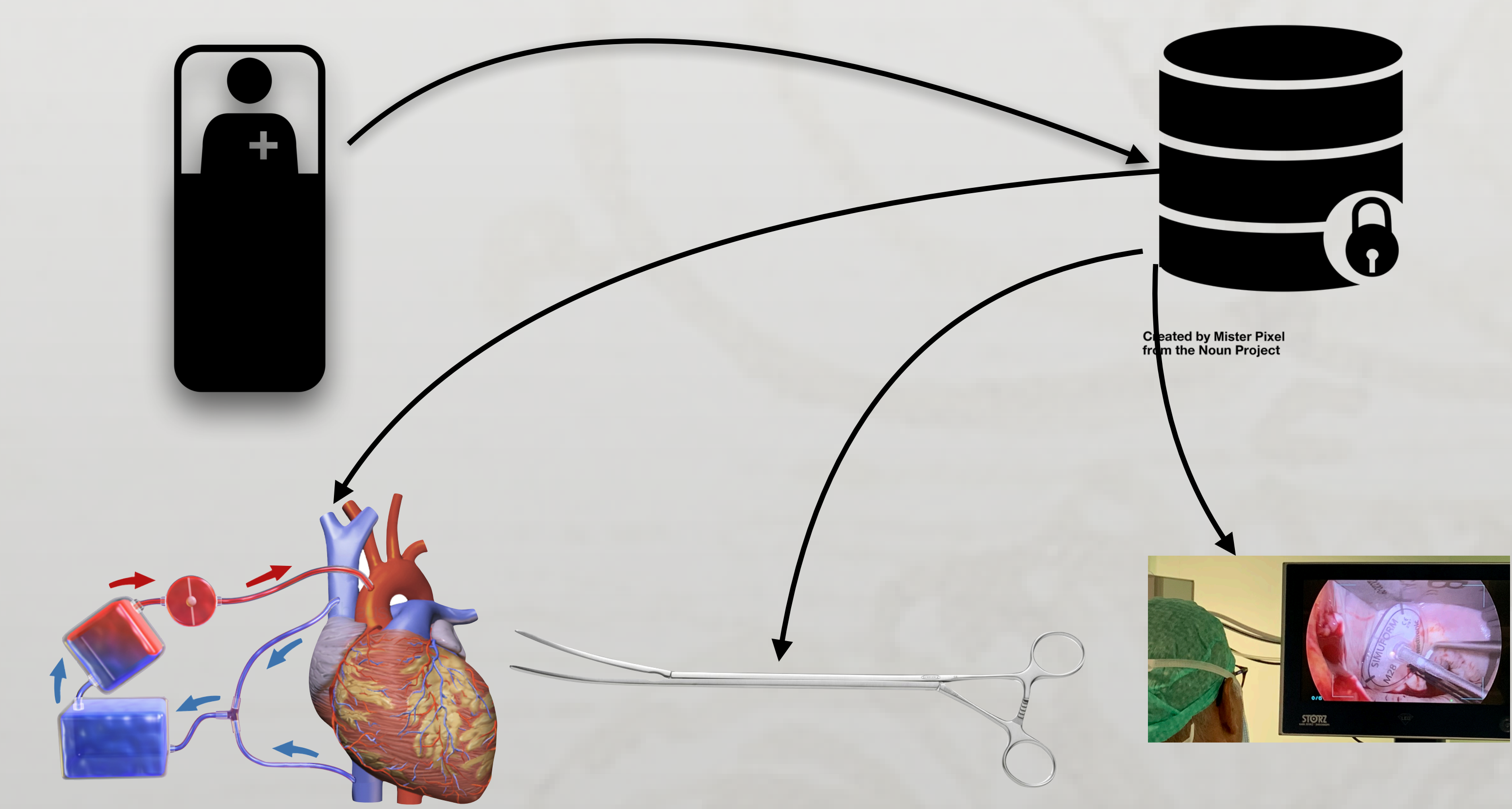
EARLY ANTICOAGULATION STRATEGY IN ENDOSCOPIC MITRAL VALVE SURGERY SHORTENS HOSPITAL STAY

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Introduction

Early discharge the patient from the hospital has several benefits for patient and for health systems. In this study we analysed our strategy on anti-coagulation strategy after mitral valve surgery. We hypothesized that early anti-coagulation can influence early discharge from the hospital.

Methods



Study design and Participants

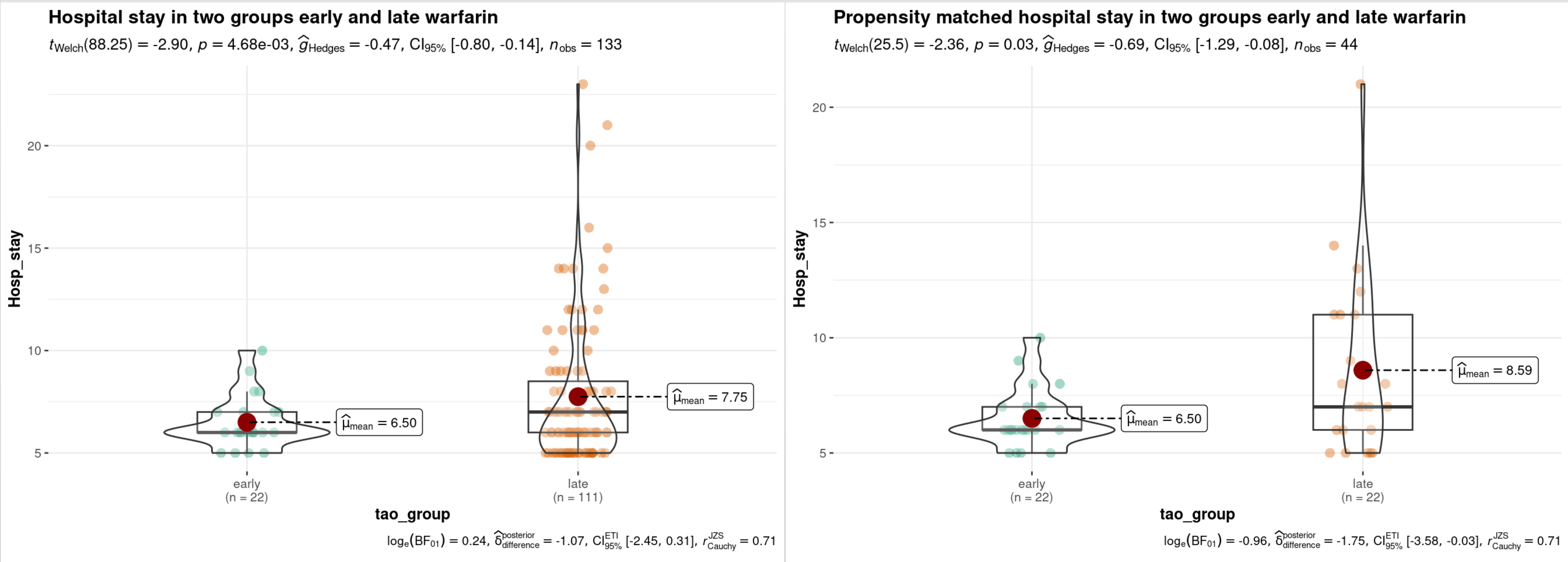
We have extracted all the data from the electronic health record system. All patients underwent successful endoscopic mitral valve surgery trough right mini-thoracotomy. We have calculated the days of delay of anti-coagulation initiation after chest drains were removed. Base on this calculation we have identified two groups: first ‘early’ anti-coagulation (same day after drainage removal) and ‘late’ anti-coagulation (one or more days after drainage removal) strategies.

Statistical methods and analysis

All continues variables were summarized using means and standard deviation. Two sided statistics were performed with a significance level of 0.05. Kaplan Meier estimator were used in order to test survival rate. For all analysis R Statistical Computing Environment[3].

Results

Overall 133 were selected and in-rolled to this study. There no mortality record in this cohort. Mean hospital stay in whole group was 7.5 days. ‘Early’ strategy was identified in 22 patients, remaining were in late group. There were 1.25 days of difference was statistically significant ($p < 0.01$). 95 (92.2%) were discharged directly to home with full anti-coagulation scheme. There were no bleeding or re-intervention for both groups in this cohort. In propensity matched cohort the patern was similar with significant difference($p < 0.01$, see Figure 2.)



Conclusions

Early anti-coagulation is safe and effective method for hospital stay shortening. It proved to cut 1.3 days from the hospital stay.

References

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