



Females at Higher Risk of Unplanned Readmission After Aortic Aneurysm Repair

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CHICAGO, Illinois - Previous studies have shown that women are more likely than men to die after vascular surgery, but a new study shows that they are far more likely to be readmitted to the hospital after aortic aneurysm surgery as well. Moreover, women who are discharged to their own homes instead of to care facilities had a higher chance of readmission than other groups.

A study reported in the April 2016 edition of the *Journal of Vascular Surgery*, the official publication of the Society for Vascular Surgery, found that 10.8 percent of women in the study had an unplanned readmission versus 8 percent of men.

Further, women had a significantly higher prevalence of co-morbidities other than congestive heart failure or preoperative dialysis. They were more likely to be either partially or completely functionally dependent, more frequently transferred from a non-home facility and had lower preoperative hematocrits.

Readmissions were also higher among patients who had transferred from another acute care facility, and those who transferred from skilled care were readmitted more than twice as often as those admitted from home (17.3 percent vs. 8.3 percent).

The authors looked for reasons for the unplanned readmissions, however for nearly 40 percent, the only reason given was "other." For the remaining, the most common reason was surgical site infection, followed by deep venous thrombosis/pulmonary embolism, pneumonia and urinary tract infection. There were no significant gender differences in reasons for unplanned readmissions.

Gender differences persisted even after adjusting for multivariate logistical regression. The increased odds seen in women were only present in those who were discharged to home, and not those who were discharged to a facility. Adjusted readmission risk was lower for all males and for females who were discharged to a facility compared with women who went home after surgery.

While the women in the study were older than the men and had more comorbidities, MV analysis did not dilute the gender effect. Women have more anatomically challenging aneurysms, which increases the difficulty of treatment and increases risk of complications. Even after controlling for complications in MV analysis, the difference persisted. A third reason might be that there could be a relative lack of spousal or partner support at home. Women are more than twice as likely to be widowed with age based on historical data.

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“The lack of social support or rehabilitation help at home is supported by literature” in other fields, the authors said. The data suggest that if women did get adequate post-discharge care, that could impact their risk of readmission.

“Future research needs to examine processes of care surrounding discharge decision-making and post-surgical care in women,” said one of the researchers, Dr. Shipra Arya of Emory University. “Are women underestimating their own needs post-surgery or is there a lack of available caregivers? Are there differences in financial resources in terms of getting home-health assistance? There may be a difference in the ability/willingness of men and women to take care of surgical site, get adequate nutrition and exercise.

“Furthermore,” Dr. Arya noted, “the study only captured data up to 30 days post-surgery. We need to study transitions of care up to six months to one year to evaluate the long-term effects of aneurysm surgery on the quality of life in men and women.”

Full-text html:

“Women undergoing aortic surgery are at higher risk for unplanned readmissions compared with men especially when discharged home.” *Journal of Vascular Surgery* . April, 2016. Volume 63, Issue 4, pp. 851-1134.

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