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Summary

OUTCOMES, HEALTH-CARE UTILIZATION RESOURCES AND PREDICTORS OF EARLY READMISSION AFTER ESOPHAGEAL STENT PLACEMENT

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

In a 2019 national database study of 6,079 patients who underwent esophageal stent placement, 27.1% were readmitted within 30 days, with sepsis as the most common cause and readmission associated with higher mortality than the index admission.

KEY POINTS

- Of 1,642 patients readmitted within 30 days, sepsis was the most common cause (9.3%), and readmission mortality was 8.6% compared to 6.6% during the index admission.
- Malignant obstruction was the most common indication for stent placement (19.1%), but placement for non-malignant obstruction was associated with 26% lower readmission risk.
- Higher Charlson Comorbidity Index score (≥3) increased readmission risk, while younger age was associated with lower readmission risk.
- Readmissions generated a cumulative 12,514 hospital days and $150 million in charges, reflecting substantial healthcare burden.
- The authors suggest future research should focus on identifying risk factors for and preventing post-stent sepsis.

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