2003-2012 Inpatient Mortality and Cost of Transjugular Intrahepatic Portosystemic Shunt in Budd-Chiari Syndrome in the US.

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Introduction

- In 2009, the American Association for the Study of Liver Diseases deemed Budd-Chiari Syndrome (BCS) an indication for Transjugular Intrahepatic Portosystemic Shunt (TIPS) procedures.
- Studies on BCS patients who have undergone TIPS have been limited by sample size due to a low incidence of 0.13 - 0.36 per million.
- Our study seeks to better understand the value of TIPS procedures provided to BCS patients.

Methods

- National estimates of inpatient mortality in the US are available through the National Inpatient Sample (NIS) from the Health Cost and Utilization Project (HCUP).
- Multivariate analysis, bivariate logistic regression, analysis of variance (ANOVA), post-hoc Tukey tests, and independent sample T-tests were used for statistical analyses in SPSS.

Results

- Demographics
  - Age: 45.1 ± 17.1 years
  - Younger than general TIPS
  - 54.8% female
- Mortality: 6.3% overall
  - Lower than general TIPS
- Cost: ~$4.5 million annually
  - Mean: $75,039 ± $93,579

Discussion

- Demographics with higher odds of mortality include age > 70 years old, male, Asian and Pacific Islander, and Medicare & self-pay.
- Teaching hospitals had a lower odds of mortality.
- Transfers from acute care hospitals had a higher mortality and cost.
- Though liver transplant is ultimately the cure for BCS3, patients continue to have poor outcomes from complications at a high cost.

Conclusions

- Overall, there is a significantly lower inpatient mortality for TIPS in BCS patients when compared to general TIPS procedures (high value).
- Both inpatient mortality and cost have increased over time, decreasing the value of TIPS for BCS patients; special precaution should be given to patients with the highest risks.

REFERENCES:


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