

Same Day Discharge after Percutaneous Coronary Intervention

Alta hospitalaria en el mismo día de una angioplastia coronaria transluminal percutánea

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In this edition of the Journal, Nau et al(1). provide an excellent documentation on the safety and efficacy of same day discharge following percutaneous coronary intervention (PCI) in patients that originally were considered to require at least overnight monitoring and hospitalisation.

The idea of early discharge is old and had a first wave of implementation in the late 2000's. (2). It was then that the Society for Cardiovascular Angiography and Interventions (SCAI) introduced the concept of patient selection according to clinical, anatomical and procedural parameters. (3) Some of these parameters still stand, and they are quite obvious. Who would send a patient home after a complicated procedure with no-reflow or other threatening complications?

However, other factors that appeared threatening for complications after discharge then, have now been identified as perfectly safe, when the medical knowledge and experience of the team is applied in the decision for early discharge. It is with this knowledge that the team around Nau implemented in a controlled fashion an early discharge program into their service that included patients with 'risk factors'. In line with results seen elsewhere and described in reviews and meta-analyses, (4, 5) they found a good safety outcome in this selected cohort. Importantly, the described program documents involvement of the whole team including nursing and administration, a point that needs to be stressed. There is a difference between just sending patients home and controlled release from hospital with options for continued contact and instructions of how to handle potential adverse events. (6)

PCI has become very predictable and with the current stent technology, radial access and reliable dual antiplatelet treatment, the incidence of bleeding complications and early stent thrombosis has be-

come rare. Hence, we can safely change the practice towards early discharge. It remains important that practice change is accompanied by audit figures to monitor patient outcomes, as has been expertly done in this paper. Interestingly, this practice not only is in the patients' interest and safety; it also appears cost saving and can have a positive impact on the PCI capacity of a department – a win-win!

CONFLICTS OF INTEREST

None declared.

(See authors' conflicts of interest forms on the website/Supplementary material).

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