

Tackling The Many Myths Surrounding Hospital Length of Stay



By *Jamie Wells, M.D.* — May 18, 2018



By Regine MahauxWeaver, Hilary (3 April 2017). Via Wikimedia Commons ^[1]

With [First Lady Melania Trump's current hospitalization](#) ^[2] after enduring an embolization for a “benign kidney condition” for which she is expected to make a complete recovery, many assumptions are being bandied about in the public and private spheres regarding the initially announced anticipated week-long length of stay.

Apparently, hospital length of stay is a topic wrought with misperceptions, so let’s tackle some of them.

Myth #1: A Short Stay Means A Procedure Wasn’t Serious

There can be short stays associated with serious procedures. And longer stays with less concerning procedures. Embolization, for example, is not a worry-free intervention. Just because it is a significant medical advance, performed more routinely these days and is minimally invasive does not mean it has zero risk. A catheter is threaded through vital arteries and weaves its way into and out of challenging twists and turns. There can be risks for perforation, introduction of infection, wound issues and due to the varying complexities of anatomical differences between people as well as their clinical status and disease extent some cases can be much more involved than others - as can their recovery. So, though it is done under the safest of conditions and is usually attained with good outcomes, individual variability and accompanying underlying medical illnesses can play meaningful roles.

Depending on location of the procedure in the body (e.g. brain, kidney), the consequences can warrant different focused follow-up care. One person might need staged, multiple interventions to

attack a condition or they might have co-existing issues that need solving. The good news is we know based on the particular case what to watch out for and how to stave off many untoward events. Additionally, when it comes to these types of interventions, sometimes a person is on a chronic medication that needs to be strictly adjusted which can take more time than others depending on the drug's half-life. For example, many surgical or minimally-invasive procedures might require a person getting off of an oral blood thinning medication as a precaution so they may be switched to an injection form that has a different mechanism of action. In such a situation, the patient would need to be monitored and appropriately transitioned - often this is done more safely in a hospital setting.

The take home message is never assume without all of the information. Things aren't always black and white, and, most importantly, the shades of gray aren't always the most dire either. Speculation is typically inauspicious and perpetuates a lot of unnecessary worry, in particular in the medical realm.

Myth #2: Hospital Discharge Is Cut and Dry

Hospital discharge is dependent on a host of factors, especially after an intervention. This notion that procedure X should take Y days in the hospital is a problematic one. One-size-fits-all does not work for the incredibly nuanced reality of a patient. There can be general expectations, but that goes out the window when the dynamic nature of a person's clinical status changes. Hospital reimbursements are often perversely tied to this concept which is why there has in the past been such a push to penalize readmission or extended lengths of stay financially. The tide is shifting on that as discharge can be a very delicate dance. Rushing people out of the hospital before they are ready can be responsible for readmission or even worse consequences. Protracted stay in a hospital is not without risks (e.g. acquiring infection) either, so getting a patient home needs to be a priority. But, that must be balanced constantly with being certain he/she is fully diagnosed and treated for their condition. Avoiding complications might demand an extra hospital day.

Though the entire patient mandates comprehensive observation, there are also specific concerns that need to be addressed and monitored. These are dictated by the chosen procedure (see [here](#) [2] for the First Lady's procedure). For example, in clipping of aneurysms in the brain or other neurovascular operations, vessel spasm after the fact occurs on a known timeline so needs to be closely followed. To review the general trajectory for post-operative surgical care, please review this piece [Bill Paxton Dies Of Surgical Complications](#) [3].

When it comes to discharging a patient, especially after a major surgery or invasive intervention, there are a number of considerations that can impact a time frame. Among them: Is the person ambulatory? Are they a fall, stroke or bleeding risk? Are their medications optimized and will they be appropriately stocked post-discharge? Can they feed themselves and digest appropriately? Do they require visiting nurse services (that might take time to arrange)? Can they void and pass stool, if so can they do it unassisted? Do they need intravenous antibiotics or medications? Are they at risk of wound dehiscence (or rupturing incision)?

Myth #3: My friend had that done, so it should only take overnight

The only people to weigh in on whether a hospital length of stay is appropriate or not are the

individuals with complete access to the entire medical record, specifically the doctor or the patient. Every person is different. Every procedure is not exactly the same. There are commonalities and, fortunately, we can reasonably predict these days who will do well under certain conditions. And, even more importantly, we can proactively intercept problems from developing which is always preferable to being in a position to have to react.

The Bottom Line

When a celebrity or public figure graciously shines the spotlight on a medical issue, it can be a tremendous opportunity to raise awareness and better inform. Jumping to conclusions about the subject leading the charge is an often misguided effort. Focusing on educating ourselves about the diseases themselves and their general impact along with the medical progress currently underway in that space is an avenue that will yield way more meaningful dividends.

COPYRIGHT © 1978-2016 BY THE AMERICAN COUNCIL ON SCIENCE AND HEALTH

Source URL: <https://www.acsh.org/news/2018/05/18/tackling-many-myths-surrounding-hospital-length-stay-12983>

Links

[1] https://commons.wikimedia.org/wiki/File:Melania_Trump_Official_Portrait.jpg

[2] <https://www.acsh.org/news/2018/05/14/melania-trump%E2%80%99s-hospitalization-reflects-medical-progress-12960>

[3] <https://www.acsh.org/news/2017/02/26/bill-paxton-dies-surgical-complications-10909>