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Early reports suggested that between 5% to 15% of patients who receive TAVR are unable to be discharged to home and require post-procedural care in the hospital or skilled nursing facility. This group includes patients with high surgical risk, patients with a common post-operative complication (i.e., a bleeding complication) and patients with a serious post-operative complication (i., a heart block or stroke). The FREEDOM program included close post-discharge surveillance of patients requiring an unplanned readmission within 30 days. Patients were monitored by phone during the 30-day follow-up period for events such as death, readmission for complications and either compliance with recommended follow-up or the need for reoperation. While this study highlights the potential for 30-day readmission after TAVR, it is important to note that this rate is well below the 40% readmission rate that has been reported for many other commonly performed cardiac surgery procedures, including CABG and other valve-based procedures. From the FREEDOM study, we estimate that there are 90, 300 patients in the US who undergo TAVR annually. For these patients, the typical in-hospital complication rate after TAVR is ~1.2%, with no significant differences in complication rates by procedural indication. Accordingly, fewer than 1000 patients annually in the US undergo TAVR that leads to readmission within 30 days after discharge. The FREEDOM patients who required readmission were, as expected, significantly more likely than the TAVR patients to have a history of atrial fibrillation and heart failure, and more likely to have had a previous TAVR. Although patients with previous TAVR did have higher overall 30-day readmission rates and higher readmission rates for bleeding and vascular complications, we estimate that readmissions for bleeding and vascular complications can be addressed through standard post-discharge care.

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Patients on long-term opioid therapy might be at increased risk for opioid use disorder and opioid overdose, despite often-high satisfaction with pain relief.4 As such, the guideline recommends that clinicians should closely monitor patients on long-term opioid therapy, particularly during the first 2 weeks of therapy (KQ3), and that patients should be referred for treatment of opioid use disorder (KQ19) or chronic pain if symptoms persist or worsen. The contextual evidence review found that a significant proportion of patients on chronic opioid therapy do not have use of the medication tapered or discontinued within 1 year.5 Therefore, continuing long-term opioid therapy might be an option for some patients with persistent or worsening pain, but reassessment of pain and function within 1 year, even after an adequate trial of medication, might be a more effective way to minimize the risks associated with long-term opioid therapy. The 2014 AHRQ report found limited information regarding long-term opioid use (≥1 year). A systematic review found that while long-term opioid use is associated with an increased risk of opioid misuse, opioid overdose, and death, the risks of long-term opioid use are likely to be small (88). While an older AHRQ guideline stated that long-term opioid use is safe and effective for moderate to severe pain (71), the panel evaluated evidence from randomized trials, observational studies, and expert recommendations and found that long-term opioid use can be effective for patients with chronic pain, but may be associated with increased risks of adverse events, opioid misuse and overdose, and death. Rates of opioid misuse, overdose, and death increase with longer duration of opioid therapy, higher initial dose, and increased daily opioid dose (88). Opioid overdose deaths increased by 136% from 2006 through 2010 for each additional day of opioid therapy (90). Rates of opioid overdose deaths were higher among patients with long-term opioid use (88). Evidence on the comparative effectiveness of opioid tapering or discontinuation versus maintenance, and of different opioid tapering strategies, was limited to small, poor-quality studies (8587). 5ec8ef588b

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