

Case series

2017

Ramayya et al. reviewed medical records of patients over the age of 18 who underwent DBS surgery at Pennsylvania Hospital of the University of [Pennsylvania](#) between 2009 and 2014. They identified patients who were readmitted to an inpatient medical facility within 30 days from their initial discharge.

Over the study period, 23 (6.6%) of 347 DBS procedures resulted in a readmission to the hospital within 30 days. Causes of [readmission](#) were broadly categorized into surgery-related (3.7%): intracranial lead infection (0.6%), battery-site infection (0.6%), intracranial hematoma along the electrode tract (0.6%), battery-site hematoma (0.9%), and seizures (1.2%); and nonsurgery-related (2.9%): altered mental status (1.8%), nonsurgical-site infections (0.6%), malnutrition and poor wound healing (0.3%), and a pulse generator malfunction requiring reprogramming (0.3%). Readmissions could be predicted by the presence of medical comorbidities ($P < .001$), but not by age, gender, or length of stay ($P > .15$).

All-cause 30-day readmission for DBS is 6.6%. This compares favorably to previously studied neurosurgical procedures. Readmissions frequently resulted from surgery-related complications, particularly infection, seizures, and hematomas, and were significantly associated with the presence of medical comorbidities ($P < .001$). ¹⁾

¹⁾

Ramayya AG, Abdullah KG, Mallela AN, Pierce JT, Thawani J, Petrov D, Baltuch GH. Thirty-Day Readmission Rates Following Deep Brain Stimulation Surgery. *Neurosurgery*. 2017 Mar 15. doi: 10.1093/neuros/nyx019. [Epub ahead of print] PubMed PMID: 28327899.

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