

Clot removal may save money and limit disability

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Adding mechanical clot removal to clot-busting drugs could lower stroke survivors medical bills, decrease government healthcare as well as non-healthcare related costs, and increase the likelihood of the patient returning to work and participating in society, according to research presented at the American Stroke Association's International Stroke Conference 2016.

Researchers analyzed combined data from six recent trials which compared the effect of acute stroke treatment when it consisted of endovascular therapy (mechanically removing clot) compared to intravenous clot-busting drug (chemically dissolving drug) alone, in patients' strokes that were caused by blockage of a large vessel supplying blood to the brain tissue. Reviewing outcomes and projected healthcare costs for 1,386 [stroke survivors](#), researchers found:

Of the 688 who received IV tPA plus mechanical clot removal, 46 percent were independent after treatment with no or minimal disability.

Of the 698 who received the intravenous clot-busting drug tissue-plasminogen activator (IV tPA) alone, 27 percent were independent after treatment with no or minimal disability.

Estimated in-hospital and post-hospital healthcare costs for survivors achieving independence were \$20,396, compared with \$55,494 for those not achieving independence.

After adjusting for inflation, researchers estimate that if all patients in the trial had been treated with clot removal plus medication, versus all of them being treated with medication alone, 264 more patients would have become independent and \$13,491,564 in [healthcare costs](#) would have been saved. That number does not include the cost imposed on families, the community and the future [costs](#) of disability.

If this number is extrapolated to the general population of stroke sufferers, simply implementing endovascular therapy at [stroke](#) centers could save billions of healthcare dollars each year.

Adding thrombectomy (mechanically removing clots) to chemical clot-busters translates to substantial cost benefits. Healthcare policies and guidance for physicians on thrombectomy should strongly consider clinical and financial benefits, researchers said.

Provided by American Heart Association

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