



Trends in Chronic Kidney Disease Patients on Dialysis who Present with Diverticular Bleed

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Introduction

- Diverticular disease in chronic kidney disease (CKD) patients has been documented to have higher rates of complications such as perforation, mortality, and bleeding due to iatrogenic causes and/or platelet dysfunction.
- The healthcare costs, length of hospitalization, and mortality rates remain poorly understood in terms of those on hemodialysis who present with a diverticular bleed.

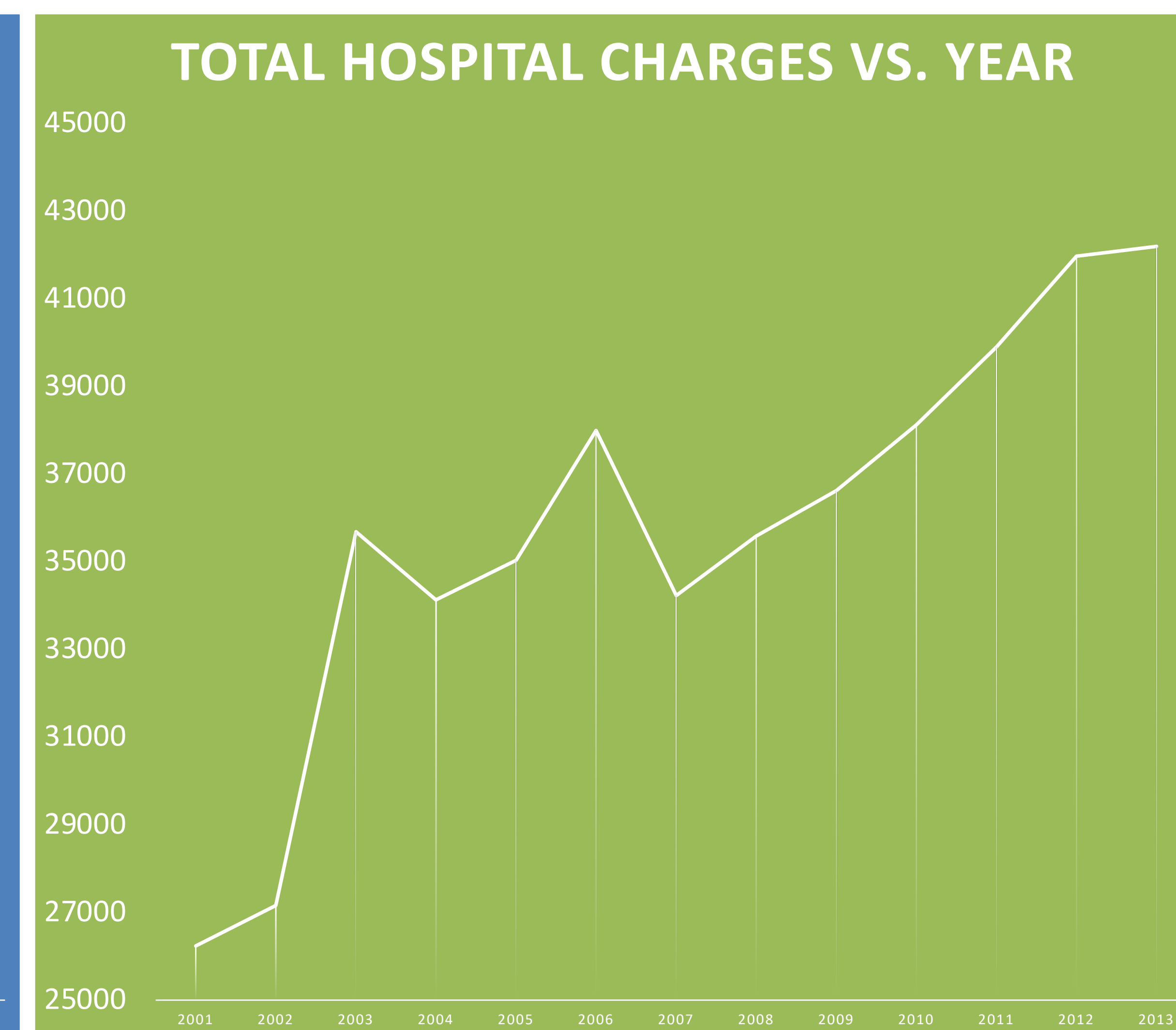
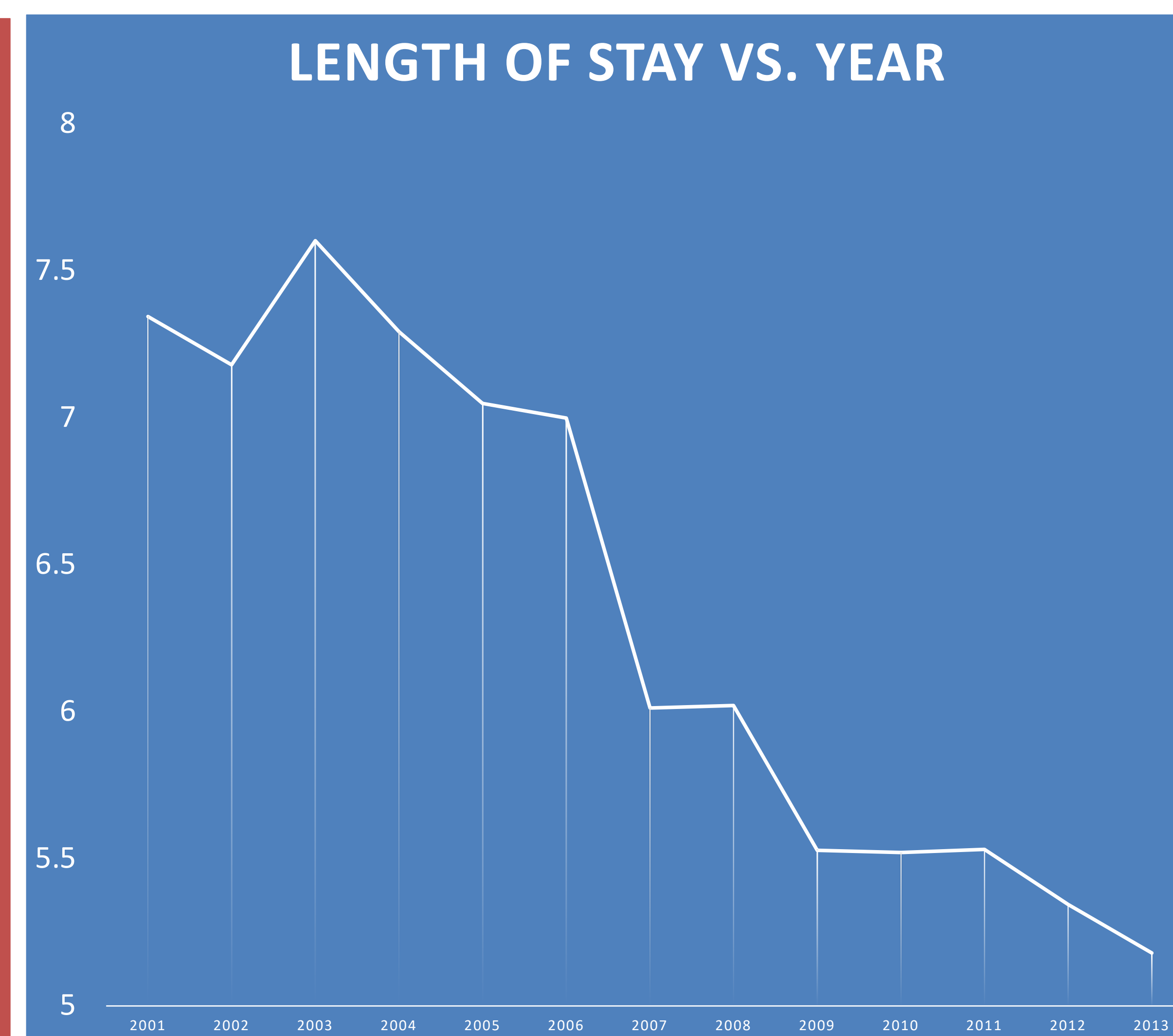
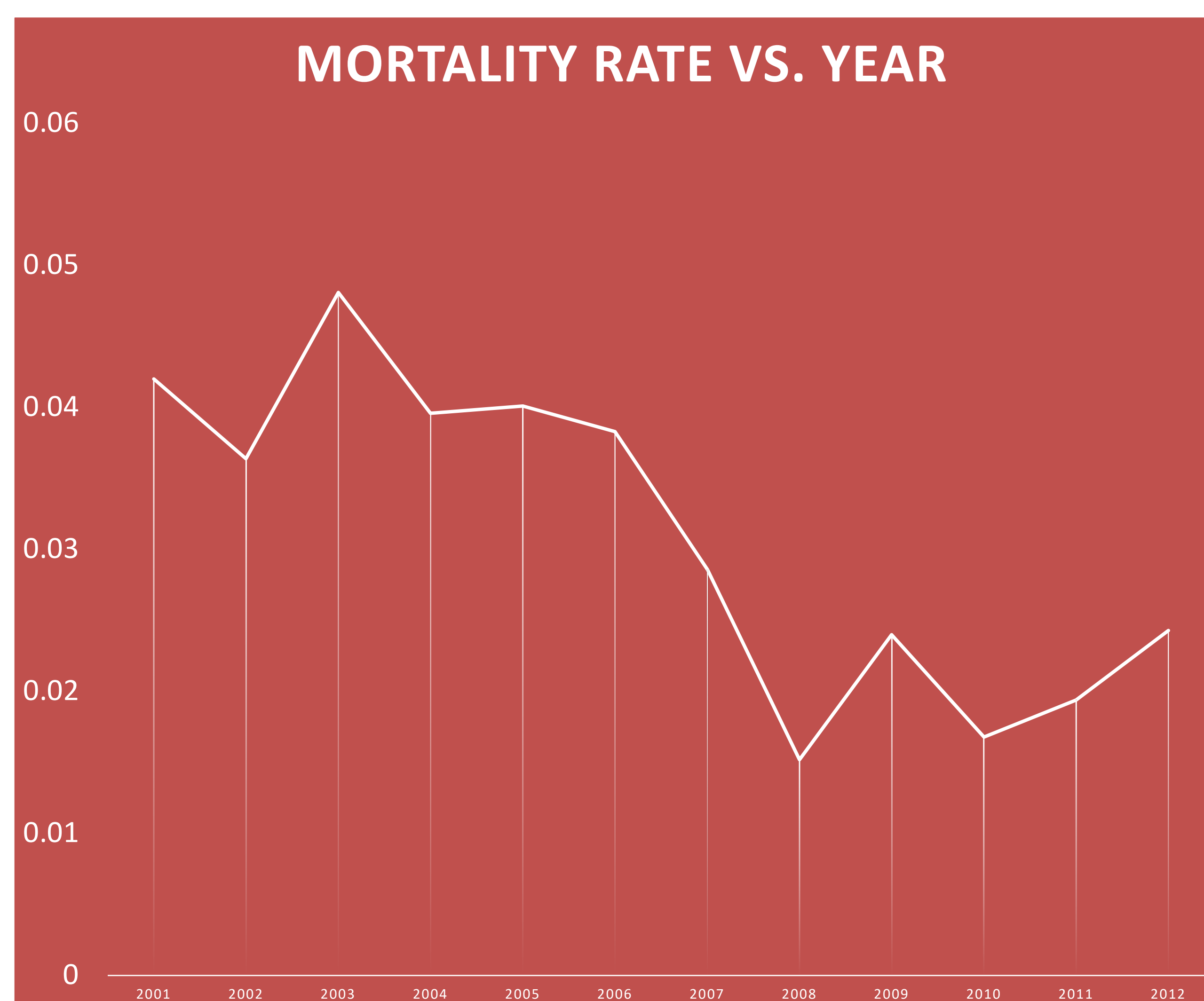
Objective

- This study aims to determine the trend in patients who are hospitalized with a diagnosis of diverticular bleed and concomitant chronic kidney disease on hemodialysis - particularly the average hospital cost, length of stay, and mortality

Methods

- Retrospective analysis of Nationwide Inpatient Sample Database from 2001-2013
- Primary diagnosis of diverticulitis and diverticulosis with hemorrhage using ICD-9 codes
- CKD stratified based on whether patient was on hemodialysis
- A one-way analysis of variance (ANOVA) test with linear trend analysis used to compare:
 - Length of stay
 - Hospitalization cost
 - Mortality

Results



Figures 1-3: Trends regarding patients with CKD on HD who present with diverticular bleed

From 2001 to 2013:

- Mortality rates of patients on HD are decreasing
- Mortality rates in patients on HD are overall higher than those not on HD
- Average length of stay in patients on HD is decreasing
- Average length of stay for patients on HD was significantly longer comparing those not on HD
- Total hospital costs for patients on HD are increasing
- Those on HD had a higher average cost of about \$18,835

Discussion

- In the CKD population who present with diverticular bleed, we expect those on HD to have worse due to their immunocompromised state and platelet dysfunction.
- It's reassuring that the overall mortality and length of stay has significantly decreased.
- This may be due to improved HD technology, advanced interventional techniques such as IR guided embolization, and better management of those on HD.
- The availability of more resources and increasing cost of medical technology, as well as inflation, may explain the increasing cost in hospital charges.
- Standardized guidelines for treatment of HD patients who present with GI bleeding are needed

Disclosures

All authors have no disclosures

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