

Letter to the Editor: Association between time to therapeutic INR and length of stay following mechanical heart valve surgery

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Letter:

Dear Editor,

We read the research by Lucas C. Godoy MD et al., "Association between time to therapeutic INR and length of stay following mechanical heart valve surgery" with considerable interest.¹ Reading this article was fortuitous, and the author's efforts are to be praised. We concur with the most important element that achieving a therapeutic INR early in the postoperative period of mechanical valve surgery is inextricably

linked to a shorter length of stay. However, we feel it is essential to mention a few additional points that would improve this work's effectiveness and add to prior knowledge.

Considering the limitations of this study, only a small number of people were included in the study, which may have influenced the results. For illustration, Christopher J. Arendt et al.² enrolled twice as many patients in a 2017 study to obtain significant results by raising the study's power. Similarly, specific statistics pertaining to the patient's baseline characteristics and variables were not bestowed. However, in the identical study, detailed description history regarding the use of inotropes, intra-aortic balloon pump, congestive heart failure (CHF), chronic obstructive pulmonary diseases (COPD), New York Heart Association classification, and dialysis percentile were designated.² Third, the authors did not provide detailed postoperative comparative anticoagulation data, which could have influenced the study's outcome. For example, a study by John Fanikos et al.³ shed light on the following topics: time from surgery to initiation of parenteral anticoagulation, mean duration of parenteral anticoagulation, mean total daily dose, time from surgery to first warfarin dose, mean initial warfarin dose, mean daily warfarin dose, the number of warfarin doses before hospital discharge, mean length of stay, and range in length of stay.

To summarize, warfarin dosing is a potentially hazardous procedure, especially in hospitalized patients. Hospitalization could be an event that identifies patients with poor anticoagulation control and targets them for anticoagulation interventions. If anticoagulation control is poor prior to hospitalization, a different strategy is required. It's possible that the differences in length of stay are due to different admissions and bleeding treatment during oral anticoagulation.

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