



Do Low Risk Patients Really Require Follow-up After Pulmonary Embolism?

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Background: Pulmonary embolism (PE) poses a significant health burden worldwide, representing a leading cause of cardiovascular-related morbidity and mortality¹. While traditionally managed through inpatient care, advancements in recent years have prompted a paradigm shift towards outpatient management. The British Thoracic Society makes recommendations on appropriate follow up for those managed as outpatients including formal review within one week of discharge and establishment of a pathway thereafter to review ongoing symptoms +/- directed investigation².

Hypothesis: The lack of formal follow up locally does not result in poorer outcomes for low-risk PE patients

Methods: Local clinical systems were used to obtain the following data:

- Positivity of scan
- Inpatient Vs. Outpatient Management
- PESI Score
- Details of follow up if any occurred
- Evidence of subsequent adverse outcomes

4384 CTPA scans between 2014 and 2021

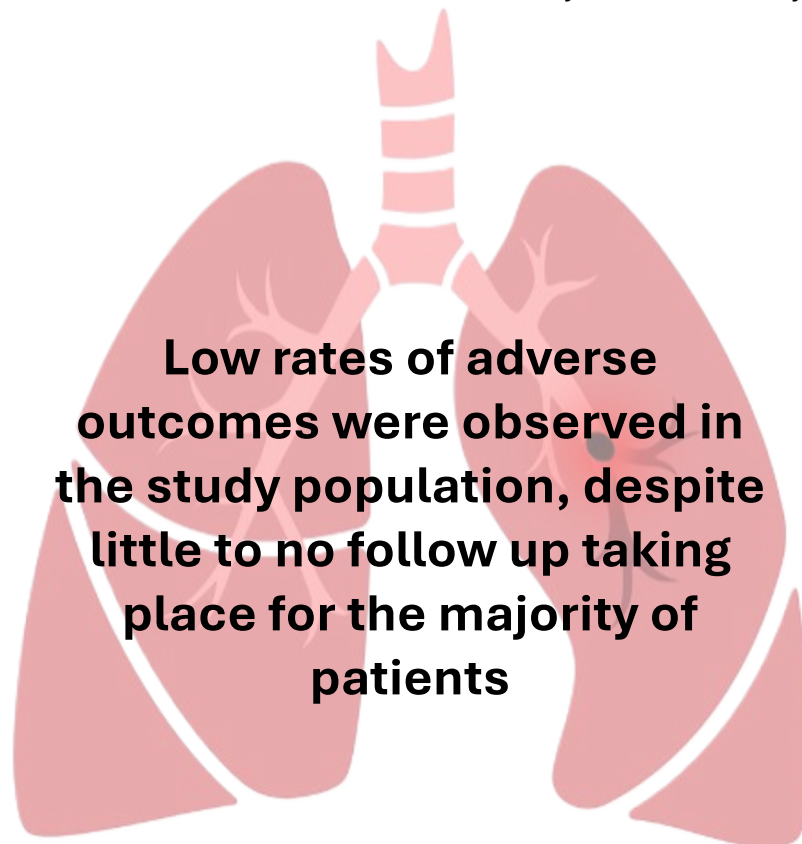
848 positive for PE

121 managed as outpatient

8 excluded due to incomplete data

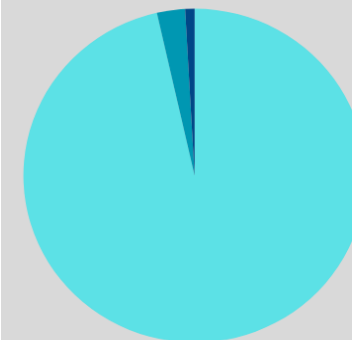
113 patients

PESI Scores: Ranged from I to V in the study population, with higher scores being correlated with age and co-morbidities rather than haemodynamic instability



- ➔ Only 10% of patients had some form of contact with a healthcare professional in the first week
- ➔ Only 7% of patients were reviewed at a clinic (Respiratory/Haematology/Oncology) prompted by their PE diagnosis
- ➔ No patients were reviewed at a specific PE clinic

Results and Conclusions



- **Anticoagulant Related Bleed**
1 Patient
- **Recurrent PE On Treatment**
3 Patients
- **No Adverse Event Observed**
109 Patients

5% Mortality Rate (6 Patients) at 1 Year

100% Had an Active Cancer Diagnosis

36 Patients Had a Subsequent ECHO

0% Showed Evidence of CTEPH

No definitive evidence was available to suggest that any deaths at one year post diagnosis were directly related to pulmonary embolism(s) or related complications

Our analysis challenges the necessity of intensive follow-up for all patients with pulmonary embolism. Advances in risk assessment tools and the availability of direct oral anticoagulants (DOACs) simplifies patient selection and treatment regimens. Our study suggests that there is opportunity to optimize resource utilization without compromising patient safety or outcomes in PE management.