Alcohol use prolongs hospital length of stay after lung transplant

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Lung transplant patients who showed evidence of alcohol use before their transplants spent more time in the hospital and on the ventilator, according to a study by Loyola University Chicago and Loyola Medicine researchers.

The study by Erin M. Lowery, MD, and colleagues is published in the journal Clinical Transplantation.

The prospective observational study followed 86 lung transplant patients. Thirty-four percent reported they were moderate drinkers before their transplants and 10 percent tested positive for recent alcohol use at the time of their transplants.

Patients showing evidence of recent alcohol use spent 1.5 times longer in the hospital, three times as long on ventilators and nearly three times as long in the intensive care unit, compared with patients who did not have recent alcohol use.

There were no differences in dysfunction of the transplanted lung, although several patients with recent alcohol use had post-transplant kidney injuries, rejection episodes and irregular heartbeats called atrial arrhythmias.

The findings suggest that abstaining from alcohol while waiting for a transplant “may be one additional factor that the patient can control in order to stay healthy and prepared for surgery and potentially optimizing their lung transplant outcome,” Dr. Lowery and colleagues wrote.

Loyola’s lung transplant program advises patients waiting for lung transplants to abstain from alcohol. Following transplants, patients should continue to abstain to prevent harmful drug interactions.

Previous studies have found that in the general population, alcohol abuse (including binge drinking and heavy drinking) negatively affects the lungs in several ways, including decreased lung function and an increased risk of pneumonia. But there has been little prior research on alcohol use in people with advanced lung disease.

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