In VOYAGER, 6564 patients had 7156 total hospitalizations over a median 2.5 years follow-up, with 40% attributed to PAD and 3.3% attributed to bleeding events.

Relative to placebo, the hospitalization incidence rate in the rivaroxaban group was lower for those attributed to PAD, and although higher for those attributed to bleeding events, rivaroxaban prevented more hospitalizations than caused, with fewer total days in hospital.

These findings provide an alternative measure of total disease burden and net benefit which may be useful for clinicians and patients weighing the total risks and benefits of rivaroxaban in PAD after revascularization.