

Paper #7

Successful Outcomes of 1,200 Outpatient Total Hip and Knee Arthroplasties in a Community Hospital

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Introduction: Same-day discharge (SDD) total joint arthroplasty (TJA) is increasingly performed in ambulatory surgery centers and in hospital settings. Despite the popularity of outpatient TJA, there remain concerns regarding patient safety, complication rates, and unforeseen overnight admission (failure to launch [FTL]). We examined a large consecutive SDD-TJA series with the aim of critically evaluating if SDD-TJA can be safely performed in a community hospital setting.

Methods: We retrospectively reviewed 1,200 consecutive SDD-TJA candidates between March 2017 and December 2019 by five surgeons at a community hospital. Patient demographics, comorbidities, perioperative data including anesthesia type, perioperative complications, and postoperative unplanned care were recorded and analyzed for outcomes and trends.

Results: 1,200 patients participated in the SDD program (582 THA, 618 TKA), representing 21% of 4,705 TJAs performed during this period at the community hospital. Mean patient age was 62.1 years, with 595 females and 604 males. Spinal anesthesia was more common than general anesthesia (1,087 vs. 113). There were 85 FTLs (7.1%), 58.8% female, with a mean age of 62.4. General anesthesia increased the risk of FTL (OR 2.93). Complications resulting in FTL included block-induced neuropraxia (32.1%), orthostatic hypotension (26.1%), urinary retention (19.0%), and nausea (13.1%). 16 patients were readmitted within 30 days (1.3%). 6 patients had return to the operating room: 4 for periprosthetic fracture, 1 for wound dehiscence, and 1 for superficial surgical site infection.

Conclusions: Outpatient TJA may be performed safely in a community hospital setting, with outcomes comparable to published inpatient reports. General anesthesia increases risk of FTL and should be avoided if possible. In-hospital SDD programs may provide a safe alternative to ambulatory surgery centers for young surgeons beginning careers or older surgeons wishing to gain experience in SDD-TJA while retaining overnight admission as a safety net for their patients.

Notes
