OUTPATIENT TOTAL JOINT ARTHROPLASTY

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ROYALTIES

None

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- In 2018, the American Association of Hip and Knee Surgeons (AAHKS) in collaboration with The Hip Society, The Knee Society, and the American Academy of Orthopedic Surgeons (AAOS) published a position statement on outpatient total joint arthroplasty (TJA).

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- Outpatient TJA was an emerging topic with limited data available on outcomes, safety and the pre-operative effort required to run a successful outpatient program.
- Since that time, there has been a marked increase in the number of outpatient TJA procedures performed in the United States.

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- Since the original position statement, the Centers for Medicare and Medicaid services (CMS) has removed total knee arthroplasty (TKA) and total hip arthroplasty (THA) from the inpatient only (IPO) list.
- In addition, the COVID-19 pandemic has expedited the transition to outpatient arthroplasty due to restrictions and limitations of utilizing inpatient resources during the pandemic.

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- While the number of outpatient TJAs has significantly increased since 2018, the goals outlined in the original position statement remain the same:

  -Improve quality

  -Maximize patient safety, minimize complications, reduce costs, and to improve patient outcomes.

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- Multidisciplinary approach is required and should consider medical, social and surgical issues.
- Outpatient arthroplasty should be avoided in patients with significant medical comorbidities
- Chronic obstructive lung disease, congestive heart failure, coronary artery disease, cirrhosis, unstable diabetes, obesity, dementia, uncontrolled mental illness, those endorsing multiple allergies or have had prior issues with anesthesia.

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Journal of Arthroplasty. 2020 Oct;35(10):2695-2696

- Multimodal pain management pathways have become the standard of care for both inpatient and outpatient TJA
- In 2020 AAHKS published the first half of the clinical practice guidelines

GUIDELINES ON MULTIMODAL ANALGESIA AND ANESTHESIA IN TJA

YALE A FILLINGHAM[1], CHARLES P HANNON[2], ASOKUMAR BUVANENDRAN[3], WILLIAM G HAMILTON[4], CRAIG J DELLA VALLE[2]

JOURNAL OF ARTHROPLASTY. 2020 OCT; 35 (10): 2695-2696

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- Acetaminophen
- Nonsteroidal anti-inflammatories
- Tramadol, and opioids are used to control pain.
- Gabapentinoids may also be considered

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- Spinal is often recommended to allow for rapid mobilization, intraoperative hypotension to reduce blood loss, and for minimizing side effects associated with general anesthesia.
- In TKA, adductor canal blocks may also be used to help improve postoperative pain and reduce opioid consumption.
- Periarticular injections with a long-acting local anesthetic have also been found to be effective.

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- Prior to discharge, physical therapist with an emphasis placed on transfers, protected ambulation and stair training.
- Frequent post-discharge communication and early office follow-up with the patient is encouraged.

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IS OUTPATIENT TOTAL HIP ARTHROPLASTY SAFE?

STEPHEN J NELSON[1], MATTHEW L WEBB[1], ADAM M LUKASIEWICZ[1], ARYA G VARTHI[1], ANDRE M SAMUEL[1], JONATHAN N GRAUER[1]

JOURNAL OF ARTHROPLASTY. 2017 MAY; 32 (5): 1439-1442

- No greater risk of 30 day adverse events or readmission between outpatient THA patients and inpatient THA patients even when adjusting for confounders.
- In addition to being safe for low risk patients, several studies have found that outpatient TJA improves outcomes comparable to inpatient to TJA including reducing postoperative pain, reducing opioid consumption, and improving patient reported outcome scores.

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BURDEN OF CARE

- The transition to outpatient TJA has markedly increased the time, effort and cost of the surgeon and his or her team in preparing patients for a successful outpatient TJA.
- Successful surgery is accomplished with the help of multiple providers on the healthcare team including the surgeon and her/his team, floor nurses, nursing aides, pharmacists, social workers, physical therapists, occupational therapists, and other medical providers.

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- However, the switch to outpatient has shifted these responsibilities, such as patient education and medication management, from the hospital and inpatient providers to the surgeon and his or her team.

RAPID DISCHARGE AND OUTPATIENT TOTAL JOINT ARTHROPLASTY INTRODUCE A BURDEN OF CARE TO THE SURGEON

ROSHAN P SHAH [1], VASILI KARAS [2], RICHARD A BERGER [3]

JOURNAL OF ARTHROPLASTY. 2019 JUL;34(7):1307-1311.

- In their series of 103 consecutive rapid discharge and outpatient TJA patients, they found that each patient required over 48 minutes of direct contact with a provider from the surgeon's team, which is the equivalent of three level 3 outpatient visits.

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SURGEONS' PREOPERATIVE WORK BURDEN HAS INCREASED BEFORE TOTAL JOINT ARTHROPLASTY: A SURVEY OF AAHKS MEMBERS

MATTHEW J GROSSO [1], P MAXWELL COURTNEY [1], JOSHUA M KERR [2], CRAIG J DELLA VALLE [3], JAMES I HUDDLESTON [4]

- Grosso et al. in a survey of 265 members of the American Association of Hip and Knee Surgeons found that on average surgeons and their teams spend 153 additional minutes in preoperative activities that are not captured in the current procedural terminology (CPT) or hospital billing codes

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- An individualized approach should be taken for each patient and institution in order to determine whether this is an appropriate option at centers that have the infrastructure to implement a high-quality outpatient TJA program.
- Implementation of a successful program includes careful tracking and upkeep of outcomes, judicious patient selection, establishing effective multimodal protocols and accounting for the pre-operative work that is required.

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