

Comparing Outcomes Following Same-Day Total Hip Arthroplasty Between an Ambulatory Surgery Center and Hospital Based Center: The Patient Experience at 1 Year

John Patrick Connors¹, Matthew Grosso

¹Orthopedic Surgery, University of Connecticut

INTRODUCTION:

Increasing emphasis on outpatient total hip arthroplasty (THA) has translated to increased utilization of ambulatory surgery centers (ASCs) and same-day discharge (SDD) in hospital-based centers (HBCs) following THA. There is a paucity of literature regarding patient-reported outcomes following outpatient THA, particularly comparing these two sites of care. The current study sought to evaluate differences in patient-reported outcomes following SDD THA between an HBC and ASC.

METHODS:

A total of 2,756 patients underwent primary THA at either a single high-volume HBC or stand-alone ASC from December 2020-2021 were identified. Patient demographics, 90-day readmission, reoperation, and complication rates were collected. HOOS Jr, VR-12, and VAS procedural satisfaction scores were prospectively collected at 3, 6, and 12 months. Separate analysis was performed to compare all length of stay (LOS) HBC vs ASC patients, and SDD (POD0) HBC vs ASC patients. At final follow up, patients were given a questionnaire to collect return to care, readmission, and reoperation data.

RESULTS:

When compared to all LOS patients undergoing THA, those at an ASC had significantly higher VR12 physical component scores at all timepoints, and improved VR12 mental component scores at preoperative visit and 6 months. These patients had increased procedural satisfaction at 3 months, though there was no difference at 1 year. When comparing SDD only THA patients, there was no difference in HOOS JR, VR12, or procedural satisfaction scores between patients undergoing THA at a HBC and ASC. There was no difference in return to care, readmission, or reoperation between ASC and HBC patients.

DISCUSSION AND CONCLUSION:

There was no significant difference in patient reported outcomes for same-day discharge THA performed at an HBC or ASC. This study suggests non-inferiority of stand-alone ambulatory centers for patient procedural satisfaction and outcomes following outpatient THA.