

Predictors of Same-Day Discharge After Total Hip Arthroplasty in a Nonselective Cohort of Patients

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INTRODUCTION:

The COVID-19 pandemic created an unprecedented strain on the healthcare system. Due to limited bed availability, inpatient elective surgeries were restricted to many arthroplasty surgeons forcing these procedures to be performed as strictly outpatient. The purpose of this study was to illustrate the effectiveness and safety of performing of outpatient total hip arthroplasty (THA) on a completely nonselective basis as well as highlight predictors of failure for same-day discharge (SDD).

METHODS: A retrospective review of all patients undergoing primary THA at a regional medical center between January 2021 and February 2022 was conducted. All patients were booked to undergo same day discharge. Preoperative demographics as well as 90-day complications, readmissions, and reoperations were analyzed. Multiple logistic regression was used to evaluate predictors of failure to SSD in this nonselective cohort of outpatient arthroplasty patients.

RESULTS: 206 THAs with mean (\pm standard deviation) age 62.56 ± 10.53 years, BMI 30.56 ± 5.40 were included in the final analysis. 63% of patients identified as female, 39.1% had ASA class ≥ 3 , and 19.8% had ≥ 3 medical comorbidities. 80.1% of patients were discharged the same day. 90-day complication, readmission, and reoperation rate were 7.3%, 7.8%, and 3.4% respectively. Preoperative hemoglobin ≤ 13 ($p=0.019$) and late operative room start time ($p=0.004$) were predictors of failure to SSD. Race, current smoking status, diabetes, ASA class, psychiatric history preoperative functional status, insurance, marital status, pre-operative opioid use, pre-operative electrolyte abnormality, and approach were not predictive of SSD.

DISCUSSION AND CONCLUSION:

Outpatient total hip arthroplasty can be safe and effective even in nonselective cohort of patients with multiple and complex medical comorbidities. Preoperative hemoglobin should be optimized and operating room start time should be early to limit SDD failure.