

Postoperative Communication Volume following Total Joint Arthroplasty Can be a Precursor to Emergency Department Visits

Yagiz Ozdag, Gabriel Makar, David J Kolessar¹

¹Geisinger Healthcare System

INTRODUCTION:

Arthritis is an increasingly prevalent disease in the aging population with a growing demand for total joint arthroplasty (TJA) for advanced joint disease. This increase in procedural volume adds to the overall workload of the care providers. Advances in technology have been incorporated into health care and the practice of medicine from electronic text messaging to robotic surgery. Some goals of this technology integration include improved efficiency, patient outcomes, surgical precision, and quality. Patient communications with questions or concerns are especially important during the early postoperative period, as unplanned calls, messages, and clinic visits can occur at a higher rate. Technology can provide more direct access to the provider team in a society of near instantaneous electronic connectivity. There is a paucity of literature that addresses communication in the early postoperative period for TJA. Our study aimed to analyze patient communication methods within the first postoperative month by quantifying phone calls and electronic messages from patients. Additionally, we sought to relate unplanned patient communication frequency to predict emergency department (ED) visits during the early postoperative period following TJA.

METHODS:

This was a retrospective review of all patients undergoing primary total hip arthroplasty (THA), total knee arthroplasty (TKA), or unicompartmental knee arthroplasty (UKA) by fellowship-trained adult reconstruction surgeons between 2017 and 2022. Patient demographics and total number of office communications were collected (including phone calls and messages). Phone calls were defined as any call between a member of the orthopaedic department and the patient pertaining to their postoperative care. Only messages sent by patients qualified as electronic text messages (ETMs). Patient ED visits within 30 days of their arthroplasty procedure were collected. Patients were also categorized by robotic versus manual arthroplasty procedures. Statistical comparisons were made using chi-square and student t-test, where appropriate. Regression analyses were performed to define the relationship between number of phone calls, ETMs, total contacts, and ED visits during the 30-day postoperative period. P-values of <0.05 were considered statistically significant.

RESULTS:

There were 12,300 consecutive primary robotic and manual arthroplasty procedures performed on 10,908 patients. TKA was the most commonly performed procedure in both the robotic and manual arthroplasty cohorts, comprising 48% and 59% of procedures, respectively. This was followed by THA (36.4% vs. 37%) and UKA (15.9% vs. 4.3%). Overall, 905 (40.4%) of the robotic arthroplasty patients and 2,012 (23.2%) of the manual patients sent an ETM (p<0.0001). On average, patients who underwent robotic arthroplasty sent 4.31 ETMs, compared to 3.96 in the manual arthroplasty cohort (p=0.041). Generally, 1,942 (86.6%) patients in the robotic and 6,417 (74%) patients in the manual group had at least one phone call within the first postoperative month (p<0.0001). No statistically significant difference in the average number of calls were observed between the two cohorts. Logistic regression analysis showed an odds ratio (OR) of 1.144 (95% CI 1.097-1.193, p<0.01) and 1.185 (95% CI 1.087 - 1.291, p<0.01) between the number of phone calls and emergency department visits within 30 days after TJA in the manual and robotic arthroplasty cohorts, respectively.

DISCUSSION AND CONCLUSION:

We found robotic arthroplasty patients to have a higher number of unplanned patient contacts within 30-days following TJA and place greater communication burden on the orthopaedic care team. Additionally, patients with more postoperative phone calls were associated with a greater risk of having an ED visit within the first 30 days after TJA. Understanding the factors behind higher postoperative unplanned communication can help orthopaedic providers with resource utilization and potentially reduce postoperative ED visits and associated healthcare costs.

Variable	Robotic (n=12,300)	Manual (n=10,908)	p-value
Age	68.5 (SD 10.2)	67.8 (SD 10.5)	0.8
Sex	5,800 (47.2%)	5,100 (46.7%)	0.9
Insurance	7,200 (58.5%)	6,500 (59.6%)	0.8
Procedure			
TKA	5,900 (47.9%)	6,400 (58.7%)	<0.0001
THA	4,500 (36.6%)	4,000 (36.7%)	0.9
UKA	1,900 (15.5%)	500 (4.6%)	<0.0001
Total	12,300	10,908	
ETM	905 (7.3%)	2,012 (18.5%)	<0.0001
Mean	4.31	3.96	0.041
Median	1	1	
Range	0-25	0-15	
Phone Call	1,942 (15.8%)	6,417 (58.8%)	<0.0001
Mean	1.5	1.5	0.9
Median	1	1	
Range	0-10	0-5	
ED Visit	150 (1.2%)	300 (2.7%)	0.8
Mean	0.12	0.27	0.001
Median	0	0	
Range	0-5	0-10	
OR (95% CI)			1.144 (1.097-1.193)
OR (95% CI)			1.185 (1.087-1.291)