

# Risk-Factors for Readmission by BMI Following Primary Total Knee Arthroplasty

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**INTRODUCTION:** Elevated Body Mass Index (BMI) is a recognized contributor to surgical complications following total knee arthroplasty (TKA). Readmissions within the early postoperative period impose significant challenges for both patients and healthcare systems. Understanding how BMI influences the risk of readmission is essential for guiding perioperative care. This study examined predictors of 90-day readmission across different BMI categories in patients undergoing primary TKA.

**METHODS:** A retrospective analysis of 13,844 primary unilateral TKAs from January 2017 to October 2024 was conducted. Revisions, conversions, and unicompartmental TKAs were excluded. Demographic variables and clinical data were obtained. Differences were assessed using chi-square and t-tests. Multivariable logistic regression analysis demonstrated odds ratios (OR) while controlling for age, same-day discharge (SDD), Charlson Comorbidity Index (CCI), smoking status, and race.

**RESULTS:** Multivariable analysis identified consistent predictors of 90-day readmission after TKA across BMI strata. Increasing age (OR-0.95,p<0.01), female sex (OR-0.63,p=0.01), and higher preoperative hemoglobin (OR-0.86,p<0.01) were associated with reduced readmission risk in all BMI groups. CCI was a significant risk factor across all strata (OR-1.24,p<0.01). ASA ≥3 reached significance only in BMI 40–45 and 45–50 (p=0.05). Same-day discharge was associated with increased readmission across all BMI groups (OR-2.0,p<0.01). Smoking status, race, and domestic partnered status were not significantly associated with readmission in any BMI category.

**DISCUSSION AND CONCLUSION:** Key predictors of 90-day readmission after TKA—including age, preoperative hemoglobin, and CCI—were consistent regardless of BMI, reinforcing the importance of optimizing modifiable risk factors. However, ASA classification became a more significant predictor at higher BMI levels, suggesting that physiologic burden may play a greater role in this subgroup. These findings may guide perioperative planning, particularly in high-BMI patients where closer attention to comorbidity and physiologic risk is warranted.

