

Patients Cancelled from a Free Standing Ambulatory Surgery Center and Rescheduled at the Inpatient Hospital are Discharged the Same Day

Ramzy Ikechi Meremikwu, Eric Louis Smith, Hannah I Travers, Reena Jessica Olsen

INTRODUCTION:

Total Joint Arthroplasty has moved toward outpatient surgery for effectiveness and lower costs. This requires physicians and institutions to select patients to maximize safety. However, cancellations occur, and patients are often rescheduled to inpatient. This study aims to investigate the outcomes of patients who were cancelled by anesthesia due to medical risk factors from a free standing ambulatory surgery center (ASC) and rescheduled at the inpatient hospital.

METHODS: A retrospective cohort study was conducted to characterize patients who were rejected from ASC scheduling and subsequently underwent surgery in an inpatient setting. Nearest-neighbor propensity score matching (PSM) was performed with a 3:1 match ratio on age, sex, body mass index (BMI), CCI, surgery type, booking status, smoking status, and sleep apnea. We evaluated length of stay, readmission rates, infection rates, and discharge disposition between the two cohorts.

RESULTS: Among 6186 arthroplasties, 37 ASC bookings were cancelled by anesthesia and rescheduled at the inpatient hospital. The most common causes were anesthesiologist specific concerns (n=6), hematological (n=6), and cardiological (n=5). Of the 37 ASC rescheduled patients, 35 were discharged the same day (94.6%) from the main inpatient hospital with no readmissions. After matching, there were no differences in patient comorbidities including age, sex, BMI, sleep apnea, diabetes, and smoking status between the cohorts. There was no difference in LOS, readmission rate, infection rate, or discharge disposition between patients rejected from the ASC and matched controls ($p>0.05$).

DISCUSSION AND CONCLUSION: The outcomes of patients who were cancelled from their ASC surgical procedure due to medical conditions still resulted in a same day discharge at the main campus hospital. Surgeon designation for ASC surgery appears to be successful despite perceived medical risk assessed by anesthesia. These findings may guide conversations between surgeons and anesthesiologists to keep optimized patients in an ASC.