

Can patients with SCFE be safely discharged directly from the recovery room?

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INTRODUCTION: Slipped capital femoral epiphysis (SCFE) is a surgical condition requiring fixation on a semi-urgent basis. Current procedural terminology (CPT) codes used for SCFE are considered inpatient-only codes. Several recent studies have evaluated whether SCFE can be safely treated on an outpatient basis. However, none have specifically examined cost or the effect of immediate postoperative discharge on early complications in this population.

METHODS: A retrospective chart review of patients treated between the years 2015-2024 was conducted at a single, tertiary-care children's hospital. Patients with a diagnosis of SCFE who underwent surgical fixation with one or more CPT codes (27176, 27177, 27178, 27179, 27181) were identified and were included if they had minimum 90-days follow up to allow for evaluation of early postoperative complications (infection, hematoma, return to emergency department, early reoperation, deep venous thrombosis). Demographics, type of SCFE (stable or unstable), early complications, length of stay, and cost were compared between patients discharged directly from the post anesthesia care unit (PACU) versus those admitted postoperatively and discharged after a minimum 1-night stay.

RESULTS: A total of 131 patients were included in the study. The mean age overall was 11.6 ± 1.8 years. Overall, 83 underwent unilateral fixation and 48 underwent bilateral fixation at the index procedure. A majority of patients had stable (77.9%) slips. When comparing PACU discharge versus postoperative admission groups, there was no difference in age, race, sex, body mass index, or bilateral fixation ($p > 0.05$). Overall, 85.3% of stable slips were discharged from the PACU while 58.6% unstable slips were discharged from the PACU ($p=0.004$). When comparing PACU discharge versus admission, no differences were observed in early complications between groups ($p > 0.05$). There was, however, a significant difference in cost between those that stayed inpatient versus discharged from PACU (\$12,810.58 vs \$9,025.21, $p<0.001$).

DISCUSSION AND CONCLUSION:

Recent studies have shown similar outcomes between patients with SCFE treated on an outpatient versus inpatient basis. This study demonstrates that patients with SCFE can be treated as an outpatient basis with significant cost savings and without an increased rate of early complications or readmission. Treating patients with SCFE as an outpatient with immediate discharge from the PACU has the potential for significant cost savings. The categorization of SCFE CPT codes as inpatient-only codes should be revisited.