Reasons for Transfer from the Ambulatory Surgical Center in Primary Total Joint Arthroplasty

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INTRODUCTION:
As joint replacements increasingly shift to outpatient ambulatory surgical centers (ASCs) for same-day procedures, it is critical to identify low-risk candidates suitable for this setting. This study examines the incidence and causes of hospital transfers for complications occurring during primary replacements at a single ASC over 12 years of experience.
METHODS: A prospectively collected, institutional database for all adverse events occurring within the first postoperative day following primary replacement at one ASC between January 2013 and March 2025. Events were categorized as direct hospital transfers, same-day hospital admissions, or same-day emergency department (ED) visits. A total of 5,712 primary replacements were performed at this ASC during the study period. The primary outcome was the number and cause of direct transfers from the ASC to the hospital. Secondary outcomes included the number and reason for same-day ED visit and same-day hospital admission.
RESULTS: There were six direct hospital transfers due to syncope in the post-anesthesia care unit, new-onset postoperative atrial fibrillation, orthostatic hypotension, unstable oxygen saturation, hypotension with shortness of breath, and bradycardia with pulselessness immediately following administration of regional anesthesia. Three of these patients were admitted to the hospital with two requiring stays longer than one day. There was one death secondary to an acute pulmonary embolism that occurred at home the same day of discharge. Additionally, there were 15 same day ED visits, and two same-day hospital admissions not associated with direct transfers.
DISCUSSION AND CONCLUSION:
Hospital transfer from an ASC following primary replacement is exceedingly rare. Most same-day complications were medical in nature and unrelated to the arthroplasty procedure itself. These findings support the safety of performing primary replacement in appropriately selected patients within the ASC setting, reinforcing the importance of careful preoperative screening.