

Elective Orthopaedic Procedure Cancellations within 24 hours: Are they a problem?

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INTRODUCTION: Orthopaedic surgery has been found to have some of the highest cancellation rates amongst all specialties. This study aims to assess the reasons for surgical cancellations by exploring patient, surgeon, and institutional factors to inform practitioners on ways to mitigate same-day surgery cancellations.

METHODS: A retrospective chart review of elective orthopaedic surgery procedures performed at an academic institution between January 2019 and August 2024 was conducted. All procedures were scheduled at an outpatient hospital in an urban setting for patients over 18 years of age. Variables included date of procedure, the procedure subspecialty, and the reason for cancellation. Reasons for cancellation were divided into five primary categories: patient, medical/anesthesia, surgeon, clerical, and COVID-19. Orthopaedic subspecialties included trauma, sports, foot and ankle, spine, oncology, joints, and hand and upper extremity.

RESULTS: A total of 27,216 elective orthopaedic procedures were performed between January 2019 and August 2024. One thousand fifty-four procedures were canceled within 24 hours of the scheduled surgery time. Most cancelled procedures were to be performed by total joint surgeons (N = 448, 43%), followed by hand surgeons (N = 173, 16%). The subspecialty with the highest respective cancellation rate was trauma (37.9% of elective trauma procedures), followed by joints (4.5% of total joint procedures). Four hundred and forty-seven procedures were cancelled due to patient-related factors, 256 due to surgeon-related factors, 192 due to clerical issues, 138 due to medical/anesthesia-related matters, and 41 due to COVID-19. The most common patient factors included clearance, lack of transportation, and patient noncompliance with day of surgery instructions (eating, drinking, medications).

DISCUSSION AND CONCLUSION: With these factors identified, this study highlights several opportunities for interventions to reduce same-day cancellations. By focusing on patient engagement, preoperative planning, resource coordination, and administrative efficiency, healthcare institutions can improve surgical planning, reduce financial burden, and improve patient outcomes.

Figure 1: Canceled Cases by Subspecialty

The table shows the number and percentage of cases canceled by subspecialty.

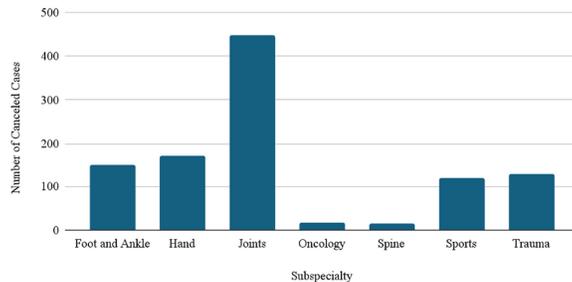


Figure 2: Factors Contributing to Canceled Cases

The table shows the number and percentage of factors that contribute to canceled cases.

