The 5-Item Modified Frailty Index Is a Useful Tool to Predict Complications Following Revision Total Shoulder Arthroplasty

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INTRODUCTION: The modified 5-item frailty index (mFI-5) is a concise comorbidity-based risk stratification tool that has been used to predict the incidence of complications following various orthopedic surgeries. The purpose of this study is to evaluate the mFI-5 as a predictor of postoperative complications, readmission, length of stay, and discharge status in patients undergoing revision total shoulder arthroplasty (rTSA).

METHODS: Patients aged 50 years or older undergoing rTSA from 2013 to 2019 were queried in the National Surgical Quality Improvement Program database. The 5-item frailty index was calculated based on the sum of the presence of 5 conditions: diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease, and dependent functional status. Chi-squared tests and multivariable analysis were used to evaluate the association of the mFI score with various postoperative complications.

RESULTS: This study included 1,393 patients with a mean age of 69 years. Baseline characteristics of the patients are shown in Table 1. Following adjustment on multivariable analysis to control for baseline differences between the groups, patients with a mFl score of 2 or greater were at increased risk of readmission (OR 2.58; p=0.019), bleeding requiring transfusion (OR 3.66; p=0.005), extended length of stay (OR 2.43; p=0.003), and be discharged to a non-home destination (OR 3.22; p<0.001) compared to patients with a mFl score of 0. Relative to patients with a score of 1, those with a mFl score of 2 or greater had an increased risk of postoperative transfusion (OR 2.46; p=0.008), extended length of stay (OR 2.16; p<0.001), and be discharged to a non-home location (OR 2.84; p<0.001) (Table 2).

DISCUSSION AND CONCLUSION: The mFI-5 predicts medical complications, increased length of stay, discharge to a facility, and readmission in patients undergoing rTSA. The variables within the mFI-5 are easily obtained through a patient history, allowing for a practical tool that clinicians can utilize to identify at-risk patients. This would allow providers to educate patients and their families and guide perioperative care in order to optimize patient outcomes.

Variable	Overall	
Total patients, n	1,393	
Gender, %		
Female	53.7	
Male	46.3	
Age, mean (SD), years	68.56 (8.96)	
BMI, mean (SD), kg/m ²	31.13 (6.85)	
BMI Category, %		
Underweight (<18.5)	0.4	
Normal Weight (18.5-24.9)	16.6	
Overweight (25.0-29.9)	31.1	
Obese (30.0-34.9)	26.2	
Severely Obese (35.0-39.9)	13.8	
Morbidly Obese (>40.0)	9.9	
Race, %		
White	87.1	
Black or African American	7.1	
Hispanic	4.4	
Native American or Alaska Native	0.3	
Asian	1.0	
Native Hawaiian or Pacific Islander	0.1	
ASA Class, %		
I (normal healthy)	0.8	
II (mild systemic disease)	35.4	
III (severe systemic disease)	60.0	
IV (severe systemic disease with threat to life)	3.8	
mFI Score, %		
0	27.4	
i .	47.1	
2	22.5	
3	2.9	
4	0.1	
4	0.0	

Complications	mFI score = 1 (reference group is mFI score = 0)		mFI score \(\geq 2\) (reference group is mFI score = 0)		mF1 score ≥ 2 (reference group is mF1 score = 1)	
	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)
Readmission	0.234	1.531 (0.759 to 3.091)	0.019	2.584 (1.168 to 5.717)	0.287	1.354 (0.775 to 2.365)
Reoperation	0.050	2.528 (1.001 to 6.383)	0.104	2.505 (0.829 to 7.570)	0.791	0.909 (0.448 to 1.843)
Postoperative transfusion	0.590	1.256 (0.548 to 2.882)	0.005	3.655 (1.466 to 9.112)	0.008	2.461 (1.261 to 4.804)
Extended length of stay (> 3 days)	0.195	1.427 (0.833 to 2.443)	0.003	2.434 (1.366 to 4.337)	< 0.001	2.160 (1.410 to 3.307)
Non-home discharge	0.881	0.960 (0.564 to 1.634)	< 0.001	3.215 (1.827 to 5.658)	< 0.001	2.837 (1.841 to 4.372)