



# OUTPATIENT

## Total Joint Replacement



by Norman Kane, MD

New changes in patient care have resulted in a paradigm shift in patients who require joint replacements. These changes can be attributed to new anesthetics, rehabilitation protocols, newer surgical techniques requiring smaller incisions and education of the public. In addition, patients undergoing joint replacements experience fewer complications in an outpatient facility than in a general hospital. The incidence of infection, one of the most serious complications of a joint replacement, is also far lower. Lastly, the patient-friendly environment and lower cost make both the physicians and patients much happier.

For the past 10 years, hundreds of outpatient joint replacements have been performed at the four surgical centers operated by Surgery One in San Diego County. These include total shoulders, total knees, total hips, unicompartmental (partial) knees, partial shoulder replacements and total ankles. The results have been quite striking. In the past, the thought of undergoing a joint replacement conjured up thoughts of an extremely painful procedure lasting many hours and requiring up to one week of hospitalization, not to mention many more months of postoperative rehabilitation.

As the technology has changed, so has the mindset of the treating physician and the public. Joint replacement surgeons now embrace the notion of outpatient joint replacement. Patients have the option of staying overnight in a 24-hour facility and are then generally discharged home and/or to a skilled nursing facility. Out of hundreds of cases, I am aware of only three admissions to a hospital. Two of the three resulted from patients becoming confused with the analgesic medication on the second postoperative day.

Generally, protocol calls for a preoperative consultation at the facility with the patient. The anesthesiologist interviews the patient and then arranges for the patient either to be transferred home and/or to a

skilled nursing facility following the surgical procedure. In the case of total knee replacements or unicompartmental knees, CPM units, home physical therapy, visiting nurses and injections of anticoagulant medications are also arranged.

The age, the weight and the gender of the patient do not appear to negatively influence the length of a patient's stay. Granted, these procedures are not being performed on patients with significant underlying medical issues. From an anecdotal standpoint, I replaced the knee of a man who had a prior total knee replacement performed at a hospital five years previously. He went home the following morning and has done extremely well. He requested his surgery be performed on an outpatient basis, as he did not have insurance, and he was not prepared to pay the exorbitant hospital fees. He requested a global fee for the procedure, which amounted to less than \$20,000, inclusive of all fees.

A second patient requested a hip replacement. He presented to my office on December 28 and informed me that his insurance would be running out on December 31. His surgery was performed on December 29. He was transferred to a skilled nursing/rehab facility the day following surgery and, thus far, has been doing extremely well with no evidence of any postoperative complications.

In summary, outpatient surgery presents lower risks and much lower postoperative complications than inpatient hospitals. With the advent of global fees and bundling, joint replacements will be performed far more frequently in an outpatient setting. Its cost-effectiveness and favorable patient response make it an increasingly popular option. It is now becoming a standard of care in the community, and the number of cases being performed in an outpatient setting will continue to increase.