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REVIEW

Evidence-based controversies for outpatient joint arthroplasties

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Recently, the number of total joint arthroplasty (TJA) surgeries has markedly increased.[1-5] The aging population have led to an increased rate of joint arthroplasty procedures, specifically total knee arthroplasty (TKA) and total hip arthroplasty (THA). These surgeries are associated with increased hospital length of stay (LOS) and, consequently, higher costs.[1-5]

In the literature, there is a considerable amount of data supporting the use of enhanced recovery after surgery (ERAS) and multimodal analgesia protocols in orthopedic surgery, which has culminated into a formal 2020 consensus statement for perioperative care in TJA.[6]

Owing to the advances in surgical techniques, improvements in patient safety and patient selection process, more assertive physical therapy efforts, and enhanced anesthetic techniques for intraoperative and postoperative pain management, LOS has gradually decreased over the years.[1-5] The American Academy of Orthopaedic Surgeons (AAOS) reports that while the first total hip replacements required a hospital admission of up to three months, this has been reduced over the years to as little as one night in the hospital or even same-day surgery.[7]

Despite the benefits of outpatient surgery, only a small percentage of TJAs are done in this manner. The most up-to-date trends for outpatient TJA for a successful outpatient program include the proper patient selection process and most available anesthetic and analgesic options, along with their risks and benefits.[7]

Risk stratification tools, such as the Outpatient Arthroplasty Risk Assessment (OARA), are helpful for predicting outcomes regarding outpatient TJA, and neuraxial anesthesia should be considered to minimize complications and facilitate early discharge. A multimodal analgesia regimen can be also effective for pain management in outpatient TJA, and the currently recommended peripheral nerve blocks for THA and TKA are the fascia iliaca compartment block and adductor canal block, respectively.[7]

Enhanced recovery after surgery protocols help to guide perioperative care teams and allow for improved patient recovery, decreased LOS, and increased patient satisfaction.[6]

In conclusion, recent evidence-based studies are attempting to elucidate and resolve controversies in surgical methods, proper patient selection, pain management, patient discharge readiness, and patient safety and outcomes for outpatient TJA programs.[8]

Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

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