

Embargoed for Release:
March 7, 2023, at 12:01 a.m. PST

**New Study Shows High Patient Satisfaction and Outcomes
After Outpatient Joint Arthroplasty at Academic Medical Centers**

LAS VEGAS (March 7, 2023)—In the first study to establish patient satisfaction after outpatient joint arthroplasty (TJA) in an academic medical center (AMC) setting, patients indicated they were very likely to undergo the outpatient procedure again and had high patient reported outcomes (PROs). The study, “Patient Satisfaction and Outcomes following Outpatient Joint Arthroplasty in Academic Medical Centers,” presented at the 2023 [American Academy of Orthopaedic Surgeons](#) (AAOS) Annual Meeting, also showed that patients had short discharge times and low readmission rates after outpatient total joint arthroplasty.

TJA, which includes total knee arthroplasty (TKA) and total hip arthroplasty (THA), is one of the most common surgeries in the United States, with almost 1.25 million hip and knee arthroplasty procedures performed in 2019 alone.ⁱ Unicompartmental knee arthroplasty (UKA), also known as partial knee arthroplasty, is also on the rise as it is less invasive than other procedures. TJA and UKA procedures are increasingly being done on an outpatient basis, with some predictions showing that more than half of all TJA procedures will be outpatient by 2026.^{ii,iii} While previous studies reported on patient satisfaction in ambulatory surgery centers (ASCs), there weren’t any studies that evaluated patient satisfaction and outcomes for outpatient TJAs and UKAs at AMCs.

“Academic medical centers historically haven’t done TJAs on a same day basis,” said lead author Soham Ghoshal, medical student, Harvard Medical School, Boston. “The literature has shown that one of the biggest factors influencing patient satisfaction and whether they would undergo these procedures at AMCs is the length of stay. This is important because a longer length of stay is often associated with a higher risk of medical errors, complications and lower recovery metrics. Inpatient procedures are more expensive as well. If we can show that patients want these procedures on an outpatient basis, that it is safe and outcomes are similar, we can help guide AMCs to shift TJAs and UKAs to outpatient.”

The researchers conducted a prospective cohort study in patients who underwent TJA or UKA at two large AMCs from May 1, 2018, to Dec. 31, 2021. Patients were surveyed on whether they would repeat the surgery, their experience with same-day discharge, and reasons for readmission or reoperation. Hip Disability and Osteoarthritis Outcome Score, Joint Replacement (HOOS JR) survey and Knee Disability and Osteoarthritis Outcome Score, Joint Replacement (KOOS JR) were used to measure PROs. PROs included pain, stiffness and difficulty when performing hip or knee movements.

The study included a total of 281 TJA and UKA procedures performed on an outpatient basis at AMCs, with 66 THA, 35 TKA and 180 UKA patients. The study reported:

- Cumulatively, 94.6% of patients would undergo their procedure again, with 100% of THA, 93.8% of TKA and 93.3% of UKA patients saying they would redo the surgery.
- Of all patients, 92.7% would choose to be discharged the same day again, with 94.3% of THA, 81.3% of TKA and 95.6% of UKA patients stating that if they needed the surgery again, they would have their surgery on an outpatient basis.
- The mean time to discharge was 5.4 hours for THA, 4.9 hours for TKA and 4.7 hours for UKA.
- Regarding PROs, THA patients reported a mean HOOS JR score of 95.6; TKA patients reported a mean KOOS JR score of 89.8; and UKA patients reported a mean KOOS JR score of 86.3.
- A total of nine patients were readmitted, with readmission rates of 3.0% for THA, 2.9% for TKA and 5.6% for UKA. There were no repeated readmissions.

“Overwhelmingly, joint arthroplasty patients would have the procedure done as outpatient if they had to again,” said Vivek M. Shah, MD, FAAOS, director of outpatient arthroplasty, Department of Orthopedics, Brigham and Women’s Hospital, Boston, and member of the faculty, Harvard Medical School. “Our study showed that there are many benefits for the patient and healthcare system to patients being discharged that same day as the procedure at an AMC. AMCs have the advantage that should a patient need to be admitted for further observation, that transition can easily be done.”

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2023 AAOS Annual Meeting Disclosure Statement

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ⁱ Agency for Healthcare Research and Quality. HCUP Fast Stats Data Tools | AHRQ Data Tools. Accessed Feb. 10, 2023. <https://datatools.ahrq.gov/hcup-fast-stats>

ⁱⁱ DeCook CA. Outpatient Joint Arthroplasty: Transitioning to the Ambulatory Surgery Center. *The Journal of Arthroplasty*. 2019;34(7):S48-S50. doi:10.1016/j.arth.2019.01.006

ⁱⁱⁱ Edwards PK, Milles JL, Stambough JB, Barnes CL, Mears SC. Inpatient versus Outpatient Total Knee Arthroplasty. *J Knee Surg*. 2019;32(08):730-735. doi:10.1055/s-0039-1683935