

The development of a day case arthroplasty service in a district general hospital setting

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Introduction

- Elective waiting lists are at an all-time high!
- COVID-19 pandemic has hindered elective recovery!
- Hospital inpatient stay following arthroplasty has reduced substantially over past decade.
- This poster aims to showcase the successful orthopaedic day case arthroplasty service in a district general hospital – Dorset County Hospital.



Aerial view of Dorset County Hospital

What do we do?

- Process starts at a one-stop shop clinic - reviewed by orthopaedic surgeons. Patients who are appropriate for day surgery are then seen by an anaesthetist.
- Undergo 'prehab' process.
- Standardised anaesthetic and post-operative protocols are followed.
- Data was collected on type of anaesthetic, procedure, time to mobilisation and discharge, and reasons for delay in discharge.
- **Reduce variation – adherence to protocols is critical for success.**
- **Consistent message throughout process that they will be going home day 0.**

Results

- Between October 2022 and April 2023, 49 cases were identified, (20 TKRs, 27 THRs, 1 reverse shoulder replacement). 82% of patients had a spinal anaesthetic with the majority receiving heavy Levobupivacaine.
- 58% of THRs, 20 % of TKRS, and all shoulders went home the same day.
- Reasons for delayed discharge included 29% not mobilised within 4-6 hours, with 56% of these due to the spinal still active and 21% due to unavailability of physiotherapists.
- 82% of patients (40/49) discharged by day 1!

Conclusion

- A consistent message is critical – aiming home the same day!
- Empowering for patients.
- Reduces bed pressures.
- MDT approach is key.
- THRs were more likely to be successful than TKRs for same day discharges.



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