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Elective knee and hip replacement management

Resources searched

NHS Guidance, NHS Evidence Specialist Collections – Trauma and Orthopaedics and Innovation and Improvement, Cochrane Library, Bandolier, Embase, Medline, HMIC

Database search terms: knee, hip, arthroplasty, enhanced recovery, length of stay, patient satisfaction

Google search string:

Summary

Guidelines

1. Delivering enhanced recovery: helping patients to get better sooner after surgery  
   Department of Health 2010.
2. Mobilisation strategies after hip fracture surgery in adults  
   2008

Evidence-based reviews

1. **An orthopaedic enhanced recovery pathway**

   **Author(s):** Wainwright T., Middleton R.

   **Citation:** Current Anaesthesia and Critical Care, June 2010, vol./is. 21/3(114-120), 0953-7112 (June 2010)

   **Publication Date:** June 2010

   **Abstract:** The use of enhanced recovery pathways within elective surgery has increased in recent years but uptake outside of specialist centres is still slow, despite the growing evidence base to support their introduction. This article will briefly outline what is meant by an enhanced recovery pathway (ERP) and outline the central characteristics and features which make up an ERP. The procedural details and results of an orthopaedic ERP which has been used in 2391 consecutive hip and knee joint replacement patients at a NHS district general hospital within the United Kingdom will then be outlined. The results of this unit illustrate that when a standardised, multi-disciplinary pathway is implemented and managed correctly, dramatic reductions to length of stay can be achieved. In combination, high levels of both staff and patient satisfaction are achieved along with good clinical outcomes. It is proposed that if such ways of working are implemented in other hospitals major economic and capacity savings could be realised at the same time as improving patient care. 2010 Elsevier Ltd.

   **Source:** EMBASE

2. **Newer anesthesia and rehabilitation protocols enable outpatient hip replacement in selected patients.**

   **Author(s):** Berger RA, Sanders SA, Thill ES, Sporer SM, Della Valle C

   **Citation:** Clinical Orthopaedics & Related Research, June 2009, vol./is. 467/6(1424-30), 0009-921X;1528-1132 (2009 Jun)

   **Publication Date:** June 2009

   **Abstract:** Advancements in the surgical approach, anesthetic technique, and the initiation of rapid rehabilitation protocols have decreased the duration of hospitalization and subsequent length of recovery following elective total hip arthroplasty. We assessed the feasibility and safety of outpatient total hip arthroplasty in 150 consecutive patients. A comprehensive perioperative anesthesia and rehabilitation protocol including preoperative teaching, regional anesthesia, and preemptive oral analgesia and antiemetic therapy was implemented around a minimally invasive surgical technique. A rapid rehabilitation pathway was started immediately after surgery and patients had the option of being discharged to home the day of surgery if standard discharge criteria were met. All 150 patients were discharged to home the day of surgery, at which time 131 patients were able to walk without assistive devices. Thirty-eight patients
required some additional intervention outside the pathway to resolve nausea, hypotension, or sedation prior to discharge. There were no readmissions for pain, nausea, or hypotension yet there was one readmission for fracture and nine emergency room evaluations in the three month perioperative period. This anesthetic and rehabilitation protocol allowed outpatient total hip arthroplasty to be routinely performed in these consecutive patients undergoing primary total hip arthroplasty. With current reimbursement approaches the modest savings to the hospital in length of stay may be outweighed by the additional costs of personnel, thereby making this outpatient system more expensive to implement. Level of Evidence: Level IV, therapeutic study. See the Guidelines for Authors for a complete description of levels of evidence.

**Source:** MEDLINE

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3. **The readmission rate as an indicator of the quality of elective surgical inpatient care for the elderly in New Zealand**

**Author(s):** Rumball-Smith J., Hider P., Graham P.

**Citation:** New Zealand Medical Journal, February 2009, vol./is. 122/1289, 1175-8716 (13 Feb 2009)

**Publication Date:** February 2009

**Abstract:** Aim: To conduct a hypothesis-raising and descriptive study of the rate of readmission/death for patients aged over 64 years as a measure of the quality of inpatient care, for elective surgical procedures between 2001 and 2004. Methods: Data from the New Zealand Health Information Service was used to calculate an annual rate for patients aged 65 years or over between July 2000 and July 2004 who were readmitted or deceased within 30-days of discharge following an: elective transurethral prostatectomy, laparoscopic cholecystectomy, knee arthroplasty, hip arthroplasty, or inguinal hernia repair. Results: It is probable that the risk of readmission/death within 30-days of discharge ('RoD') rose 13% (95% CI of increase: 0%, 27%) from 7.5% in 2001/2002 to 8.5% in 2003/2004. The risk of RoD was greater among patients aged 80 years or over (RR 1.38, 95% CI 1.26, 1.51), males (RR 1.26, 95% CI 1.12, 1.41), and NZ Maori (RR 1.6, 95% CI 1.2, 2.3). Conclusions: There is evidence for a probable increase in the rate of RoD between 2001 and 2004, and its relative risk varied with gender, age, and ethnicity. However, this study was not able to control for potential confounders (length-of-stay, casemix, or comorbidities) which may affect the estimated result. Ongoing research is recommended to explore the use of RoD rate as an indicator of health services quality and consider whether this rate is increasing, despite health system quality interventions. In addition, further investigation is needed to
evaluate the quality of hospital care in New Zealand with respect to ethnicity, age, and gender. NZMA.

**Source:** EMBASE

4. **Early discharge following hip arthroplasty: patients' acceptance masks doubts and concerns.**

**Author(s):** Hunt, Gillian R.

**Citation:** Health Expectations, 2009, vol./is. 12/2(130-137), 1369-6513

**Publication Date:** 2009

**Abstract:** OBJECTIVE: To describe patients' experience of accelerated discharge after hip arthroplasty in order to test the acceptability to patients of economically driven shortening of post-operative stay. METHODS: Patients (n = 35) who had received primary total hip replacement up to twelve weeks previously were recruited from two UK orthopaedic units, one of which has pioneered short post-operative stay (three - four days), and another one of which retains a traditional regimen of discharge after six - seven days. Patients were interviewed about their experience of care, focusing particularly on their views related to length of stay and with particular attention to patients' well-known tendency to mask critical views of their care. Transcripts were analysed thematically to identify the ways that patients evaluated their care and whether these differed between sites. RESULTS: Patients were primarily concerned with how attentive and informative hospital staff had been and did not refer to length of stay spontaneously. When prompted about this, they did not question their discharge time, although those in the more traditional unit could not countenance more rapid discharge. Patients in the unit with accelerated discharge described concerns about the consequences of early discharge for them or their family, particularly managing pain and mobility problems at home and needing more support. CONCLUSIONS: Patients' traditional beliefs about the necessity of prolonged convalescence are not a barrier to early discharge after hip arthroplasty. Nevertheless, some patients’ acceptance of early discharge masks doubts and concerns. More intensive post-operative management may be needed if clinical care is not to suffer. 33 refs. [Abstract]

**Source:** HMIC

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Available in fulltext at [EBSCO Host](https://www.ebscohost.com)

5. **Hip arthroplasty patients benefit from accelerated perioperative...**
care and rehabilitation: a quasi-experimental study of 98 patients

Author(s): Larsen K., Hansen T.B., Soballe K.

Citation: Acta orthopaedica, October 2008, vol./is. 79/5(624-630), 1745-3682 (Oct 2008)

Publication Date: October 2008

Abstract: BACKGROUND AND PURPOSE: More than 6,500 hip arthroplasties were performed in Denmark in 2005. Accelerated perioperative interventions are currently implemented, and the length of stay is thereby reduced. An increase in postoperative health-related quality of life (HRQOL) has been observed for hip patients after accelerated perioperative procedures compared to standard procedures. However, no studies have used HRQOL as a primary outcome. We therefore performed a before-after trial to investigate whether HRQOL would be improved postoperatively in hip arthroplasty patients undergoing accelerated perioperative care and rehabilitation intervention compared to those undergoing current intervention. PATIENTS AND METHODS: 98 elective primary hip arthroplasty patients underwent either a standard procedure or an accelerated perioperative procedure (n = 48 and n = 50, respectively). Primary outcome was difference in HRQOL measured with EQ-5D, which measures HRQOL in 5 dimensions (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) at the 3-month follow-up visit. RESULTS: HRQOL was markedly improved in both groups. A significant difference in HRQOL at follow-up of 0.08 (95% CI: 0.01-0.15) in favor of the patients who received the accelerated intervention was observed (p = 0.02). INTERPRETATION: Hip arthroplasty patients benefit postoperatively from accelerated perioperative care and rehabilitation procedures, with an HRQOL that is approximately 10% higher than that of patients receiving standard procedures.

Source: EMBASE

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6. Inpatient compared with home-based rehabilitation following primary unilateral total hip or knee replacement: A randomized controlled trial

Author(s): Mahomed N.N., Davis A.M., Hawker G., Badley E., Davey
J.R., Syed K.A., Coyte P.C., Gandhi R., Wright J.G.

**Citation:** Journal of Bone and Joint Surgery - Series A, August 2008, vol./is. 90/8(1673-1680), 0021-9355 (01 Aug 2008)

**Publication Date:** August 2008

**Abstract:** Background: Home-based rehabilitation is increasingly utilized to reduce health-care costs; however, with a shorter hospital stay, the possibility arises for an increase in adverse clinical outcomes. We evaluated the effectiveness and cost of care of home-based compared with inpatient rehabilitation following primary total hip or knee joint replacement. Methods: We randomized 234 patients, using block randomization techniques, to either home-based or inpatient rehabilitation following total joint replacement. All patients followed standardized care pathways and were evaluated, with use of validated outcome measures (Western Ontario and McMaster Universities Osteoarthritis Index [WOMAC], Short Form-36, and patient satisfaction), prior to surgery and at three and twelve months following surgery. The primary outcome was the WOMAC function score at three months after surgery. Results: The mean length of stay (and standard deviation) in the acute care hospital was 6.3 +/- 2.5 days for the group designated for inpatient rehabilitation prior to transfer to that facility compared with 7.0 +/- 3.0 days for the home-based rehabilitation group prior to discharge home (p = 0.06). The mean length of stay in inpatient rehabilitation was 17.7 +/- 8.6 days. The mean number of postoperative home-based rehabilitation visits was eight. The prevalence of postoperative complications up to twelve months postoperatively was similar in both groups, which each had a 2% rate of dislocation and a 3% rate of clinically important deep venous thrombosis. The prevalence of infection was 0% in the home-based group and 2% in the inpatient group. None of these differences was clinically important. Both groups showed substantial improvements at three and twelve months, with no significant differences between the groups with respect to WOMAC, Short Form-36, or patient satisfaction scores (p > 0.05). The total episode-of-care costs (in Canadian dollars) for the inpatient rehabilitation and home-based rehabilitation arms were $14,532 and $11,082, respectively (p < 0.01). Conclusions: Despite concerns about early hospital discharge, there was no difference in pain, functional outcomes, or patient satisfaction between the group that received home-based rehabilitation and the group that had inpatient rehabilitation. On the basis of our findings, we recommend the use of a home-based rehabilitation protocol following elective primary total hip or knee replacement as it is the more cost-effective strategy.

**Level of Evidence:** Therapeutic Level I. See Instructions to Authors for a complete description of levels of evidence. Copyright 2008 by The Journal of Bone and Joint Surgery, Incorporated.

**Source:** EMBASE

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7. Resource utilization of total knee arthroplasty patients cared for on specialty orthopedic surgery units.

Author(s): Batsis JA, Naessens JM, Keegan MT, Huddleston PM, Wagie AE, Huddleston JM

Citation: Journal of Hospital Medicine (Online), May 2008, vol./is. 3/3(218-27), 1555-5592;1553-5606 (2008 May)

Publication Date: May 2008

Abstract: BACKGROUND: The use of specialized orthopedic surgery (SOS) units in total knee arthroplasty (TKA) patients is well established. The number and costs of arthroplasty surgeries continue to increase, requiring institutions to re-examine their existing practices for financial sustainability. OBJECTIVE: The objective of this study was to determine whether having elective TKA patients in SOS units affects resource utilization and outcomes. DESIGN: The study was designed to retrospectively compare elective TKA patients from 1996 to 2004 admitted directly to SOS units with those admitted to nonorthopedic nursing (NON) units. SETTING: The setting was an academic teaching hospital. PATIENTS: Five thousand five hundred and thirty-four patients met inclusion criteria. Of these, 5082 (patients 91.8%) were admitted to SOS units and 452 (8.2%) to NON units. MEASUREMENTS: The primary outcomes measured were length of stay (LOS) and costs, adjusted for age, sex, surgical year, comorbidities, and American Society of Anesthesiologists status. Secondary outcomes were 30-day mortality, readmissions, reoperations, and discharge disposition. RESULTS: Mean age of the patients in SOS and NON units was 68.3 and 67.9 years, respectively (P = .50). Adjusted LOS was 0.234 days shorter in SOS units (95% CI: 0.083, 0.385). Adjusted total and hospital cost savings in the SOS unit group were $600 (95% CI: $122, $1079) and $594 (95% CI: $141, $1047), respectively. More NON-unit patients required unanticipated transfers to the intensive care unit (ICU) from the general postoperative nursing unit (3.1% vs. 1.63%; P = .023); however, the mean number of ICU days did not differ between groups. NON-unit patients were more likely to be discharged with home health care (P < .001). There were no differences in 30-day outcomes. CONCLUSIONS: Patients on SOS units following elective TKA have a reduced LOS and decreased total and hospital costs. Our results should encourage hospitals to re-evaluate postoperative patient flow to optimize resource utilization. (c) 2008 Society of Hospital Medicine
8. **Effectiveness of accelerated perioperative care and rehabilitation intervention compared to current intervention after hip and knee arthroplasty. A before-after trial of 247 patients with a 3-month follow-up**

**Author(s):** Larsen K., Hvass K.E., Hansen T.B., Thomsen P.B., Soballe K.

**Citation:** BMC Musculoskeletal Disorders, 2008, vol./is. 9/, 1471-2474 (2008)

**Publication Date:** 2008

**Abstract:** Background. In Denmark, approximately 12,000 hip and knee arthroplasties were performed in 2006, and the hospital costs were close to US$ 110,000,000. In a randomized clinical trial, we have recently demonstrated the efficacy of accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty compared to current intervention under ideal circumstances. We do not, however, know whether these results could be reached under usual circumstances of healthcare practice. We therefore investigated whether length of stay after implementation of accelerated perioperative care and rehabilitation after hip and knee arthroplasty could be reduced in a normal healthcare setting, and how the achieved results matched those observed during the randomized clinical trial. Methods. An effectiveness study as a before-after trial was undertaken in which all elective primary total hip and total knee arthroplasty patients were divided into a before-implementation group receiving the current perioperative procedure, and an after-implementation group receiving the new accelerated perioperative care and rehabilitation procedures as provided by a new multi-disciplinary organization. We used the Breakthrough Series Collaborative Model for implementation. The primary outcome measure was in hospital length of stay (LOS), and the secondary outcome measure was adverse effects within 3 months postoperatively. Results. We included a total of 247 patients. Mean LOS was significantly (P < 0.001) reduced by 4.4 (95% CI 3.8-5.0) days after implementation of the accelerated intervention, from 8.8 (SD 3.0) days before implementation to 4.3 (SD 1.8) days after implementation. No significant differences in adverse effects were observed. LOS in this effectiveness study was significantly lower than LOS reported in the efficacy study. Conclusion. Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty was successfully and effectively implemented. Results obtained during usual hospital circumstances matched the results achieved under ideal circumstances in this group of patients.

**Source:** EMBASE

**Full Text:**

Author(s): Petersen MK, Madsen C, Andersen NT, Soballe K

Citation: Acta Anaesthesiologica Scandinavica, July 2006, vol./is. 50/6(712-7), 0001-5172;0001-5172 (2006 Jul)

Publication Date: July 2006

Abstract: BACKGROUND: The aim of this trial was to assess the effects of optimization of mobilization and nutrition on patients undergoing primary total hip replacement (THR).METHODS: Seventy-nine patients undergoing elective primary THR were recruited prospectively. After randomization, one group received optimized pre-operative information and enforced mobilization and nutrition, another group received conventional peri-operative care. Epidural anaesthesia and post-operative epidural analgesia with local anaesthetics and opioids were used in all cases. Outcome related to length of stay, complications, pain, mobilization, energy intake, and physical activities of daily living (PADL).RESULTS: Although mobilization and nutrition were highly significantly increased in the intervention group, the reduction in length of stay was moderate (7.0 vs. 8.0 days P = 0.019). We found no differences between groups in relation to complications or pain. In the intervention group, the median day of independence in PADL was the third post-operative day (2 : 6 day) and the fourth post-operative day (2 : 7 day) in the control group. The difference was not significant.CONCLUSION: Compared with conventional care, optimal and aggressive nutrition and mobilization resulted in a very moderate reduction in length of stay. There were no differences regarding pain, complications or time until independence in PADL.

Source: MEDLINE

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10. Targeted postoperative care improves discharge outcome after hip or knee arthroplasty

Author(s): Oldmeadow L.B., McBurney H., Robertson V.J., Kimmel L., Elliott B.

Citation: Archives of Physical Medicine and Rehabilitation, September 2004, vol./is. 85/9(1424-1427), 0003-9993 (Sep 2004)
Publication Date: September 2004

Abstract: Oldmeadow LB, McBurney H, Robertson VJ, Kimmel L, Elliott B. Targeted postoperative care improves discharge outcome after hip or knee arthroplasty. Arch Phys Med Rehabil 2004;85:1424-7. Objective: To determine whether targeted postoperative care, based on preoperative risk assessment, can increase the number of patients who are discharged home directly from acute care after elective hip or knee arthroplasty. Design: Quasiexperimental with historical control. Setting: A public university teaching hospital. Participants: One hundred patients who had an elective hip or knee arthroplasty. Interventions: Between January and July 2001, 50 patients had their risk of discharge to extended inpatient rehabilitation assessed preoperatively with a newly developed Risk Assessment and Prediction Tool (RAPT). Postoperative management was targeted on the basis of the identified level of risk. Results were compared with those of a similar group of 50 patients treated between January and July 2000. Main Outcome Measures: Discharge destination, length of stay (LOS), and readmission rates. Results: The percentage of patients discharged directly home increased significantly, from 34% during 2000 to 64% in 2001 (P=.002), with no increase in readmission rates in the 12 months postdischarge. In addition, the mean acute hospital LOS decreased by 1.1 days to 7.5 days in 2001 (P=.02). Conclusions: Use of the RAPT and targeted postoperative care resulted in more patients being discharged directly home after hip or knee arthroplasty while hospital LOS further decreased. 2004 by the American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation.

Source: EMBASE

11. Medical and surgical comanagement after elective hip and knee arthroplasty: A randomized, controlled trial


Citation: Annals of Internal Medicine, July 2004, vol./is. 141/1(28-38+I-60), 0003-4819 (06 Jul 2004)

Publication Date: July 2004

Abstract: Background: Hospitalists are assuming an increasing role in the care of surgical patients, but the impact of this model of care on postoperative outcomes is unknown. Objective: To determine the impact of providing a collaborative, hospitalist-led model of care on postoperative outcomes and costs among patients having hip or knee arthroplasty. Design: Randomized, controlled trial. Setting: Academic medical center. Participants: 526 patients having elective orthopedic surgery who are at elevated risk for postoperative morbidity. Measurements: Length of stay, inpatient postoperative medical complications, health care provider satisfaction, and
Interventions: A comanagement medical Hospitalist-Orthopedic Team compared with standard postoperative care by orthopedic surgeons with medical consultation. Results: More patients in the hospitalist group were discharged from the hospital with no complications (61.6% vs. 49.8%; difference, 11.8 percentage points [95% CI, 2.8 to 20.7 percentage points]). Fewer minor complications were observed among hospitalist patients (30.2% vs. 44.3%; difference, -14.1 percentage points [CI, -22.7 to -5.3 percentage points]). Observed length of stay was not statistically different between treatment groups. However, when adjusted for discharge delays, mean length of stay for patients in the hospitalist model of care was shorter (5.1 days vs. 5.6 days; difference, -0.5 day [CI, -0.8 to -0.1 day]). Total costs did not differ between groups. Orthopedic surgeons and nurses preferred the hospitalist model. Limitations: Care providers and patients were aware of intervention assignments, and the study could not capture all costs associated with the hospitalist model. Conclusions: The comanagement medical Hospitalist-Orthopedic Team model reduced minor postoperative complication rates with no statistically significant difference in length of stay or cost. The nurses and surgeons strongly preferred the comanagement hospitalist model. Additional research on the clinical and economic impact of the hospitalist model in other surgical populations is warranted.

Source: EMBASE

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12. Medical and surgical comanagement after elective hip and knee arthroplasty: a randomized, controlled trial.

Author(s): Huddleston JM, Long KH, Naessens JM, Vanness D, Larson D, Trousdale R, Plevak M, Cabanela M, Ilstrup D, Wachter RM, Hospitalist-Orthopedic Team Trial Investigators

Citation: Annals of Internal Medicine, July 2004, vol./is. 141/1(28-38), 0003-4819;1539-3704 (2004 Jul 6)

Publication Date: July 2004

Abstract: BACKGROUND: Hospitalists are assuming an increasing role in the care of surgical patients, but the impact of this model of care on postoperative outcomes is unknown.OBJECTIVE: To determine the impact of providing a collaborative, hospitalist-led
model of care on postoperative outcomes and costs among patients having hip or knee arthroplasty. DESIGN: Randomized, controlled trial. SETTING: Academic medical center. PARTICIPANTS: 526 patients having elective orthopedic surgery who are at elevated risk for postoperative morbidity. MEASUREMENTS: Length of stay, inpatient postoperative medical complications, health care provider satisfaction, and inpatient costs. INTERVENTIONS: A comanagement medical Hospitalist-Orthopedic Team compared with standard postoperative care by orthopedic surgeons with medical consultation. RESULTS: More patients in the hospitalist group were discharged from the hospital with no complications (61.6% vs. 49.8%; difference, 11.8 percentage points [95% CI, 2.8 to 20.7 percentage points]). Fewer minor complications were observed among hospitalist patients (30.2% vs. 44.3%; difference, -14.1 percentage points [CI, -22.7 to -5.3 percentage points]). Observed length of stay was not statistically different between treatment groups. However, when adjusted for discharge delays, mean length of stay for patients in the hospitalist model of care was shorter (5.1 days vs. 5.6 days; difference, -0.5 day [CI, -0.8 to -0.1 day]). Total costs did not differ between groups. Orthopedic surgeons and nurses preferred the hospitalist model. LIMITATIONS: Care providers and patients were aware of intervention assignments, and the study could not capture all costs associated with the hospitalist model. CONCLUSIONS: The comanagement medical Hospitalist-Orthopedic Team model reduced minor postoperative complication rates with no statistically significant difference in length of stay or cost. The nurses and surgeons strongly preferred the comanagement hospitalist model. Additional research on the clinical and economic impact of the hospitalist model in other surgical populations is warranted.

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13. Length stay, discharge disposition, and hospital charge predictors

Author(s): Epps C.D.

Citation: AORN journal, May 2004, vol./is. 79/5(975-976, 979-981, 984-997), 0001-2092 (May 2004)

Publication Date: May 2004
Abstract: THIS STUDY EXPLORED the effect of patient, clinical, and treatment factors on length of stay (LOS), discharge disposition, and total acute care hospital charges for older adults undergoing elective total hip arthroplasty or total knee arthroplasty. A CAUSATIVE RETROSPECTIVE DESIGN was used, and data analysis included descriptive statistics, multiple regression, and logistic regression. SIGNIFICANT DIFFERENCES in predictor variables (i.e., age, gender, living arrangement, comorbidities, postoperative complications) were found between patients who were discharged to home and those who were discharged to another facility. Only postoperative complications contributed significantly to LOS. Total surgical time and postoperative complications contributed significantly to hospital charges.

Source: EMBASE

14. Clinical pathway for hip and knee arthroplasty

Author(s): Thomas K.

Citation: Physiotherapy, October 2003, vol./is. 89/10(603-609), 0031-9406 (Oct 2003)

Publication Date: October 2003

Abstract: The objective of this study was to evaluate the implementation of an early discharge programme for patients undergoing hip or knee arthroplasties. This paper examines outcomes pertinent to physiotherapy, and looks at patient movement and function for up to six months after surgery. A case management model of care using clinical pathways provided a means for physiotherapists working on an orthopaedic ward to optimise services and facilitate early patient discharge. Data were collected over a two-year period, with follow-up of 215 patients conducted at six weeks and three and six months after surgery. Data collected looked at length of stay based on day of surgery, range of movement and a timed ten-metre walk test. Results after implementation of the clinical pathway, in comparison to baseline measures, showed that length of stay was reduced, the day that surgery was performed did not affect length of stay, and all patients improved their range of movement and walking capabilities up to six months following surgery. It was concluded from this project that the implementation of clinical pathways enabled the orthopaedic ward to reduce elective joint replacement length of stay with the current physiotherapy service, without any detrimental long-term effects on patient function or movement.

Source: EMBASE

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From TRIP:
Patient education before hip or knee arthroplasty lowers length of stay.
Predictors of length of stay and patient satisfaction after hip and knee replacement surgery: fast-track experience in 712 patients

H Husted, G Holm… - Acta orthopaedica, 2008 - informahealthcare.com

Background and purpose Very few studies have focused on patient characteristics that influence length of stay (LOS) in fast-track total hip (THR) and knee arthroplasty (TKR). The aim of this prospective study was to identify patient characteristics associated with LOS and patient...

Accelerated perioperative care and rehabilitation intervention for hip and knee replacement is effective: a randomized clinical trial involving 87 patients with 3 months...

Lancashire Teaching Hospitals K Larsen, OG Sørensen, TB Hansen… - Acta …, 2008 - informahealthcare.com

... Dowsey et al. (1999) concluded from their randomized clinical trial (RCT) that a clinical pathway in patients receiving total hip and knee replacement gives a better outcome and reduces the average length of stay (LOS). An RCT by Reilly et al. ...

Relationship between length of stay and dislocation rate after total hip arthroplasty


... potential opportunities to shorten lengths of ... M. Fuchs, A. Gutierrez and J. Girardy, Factors affecting length of stay and need for rehabilitation after hip and knee arthroplasty. ...

Factors affecting length of stay following total knee replacement ...

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1 Nov 2008 ... Keywords: Total knee replacement; Length of stay; Delays ... treatment and rates highly in patient satisfaction where the patient can expect ...

Actively Managing the Length of Stay for Hip and Knee Replacement ...

Variable length of stay for elective total hip ( THR ) and knee replacement ( TKR ) surgery in NHS Forth ... Patient Pathway Enhanced Recovery Programme ... www.improvingnhsscotland.scot.nhs.uk › Case studies - Cached. No date
Enhanced *hip replacement* pathway

Effect on productivity As a result of this programme, Mr Apthorp has the lowest average length of stay for *hip replacement* patients of any consultant...