Raghavendra, Madhusudhan 2020 Day case lower limb arthroplasty- An audit of our practice.. *International Journal of Integrated Care, 21(S1)*:A29, pp. 1-8, DOI: doi.org/10.5334/ijic.ICIC20378

CONFERENCE ABSTRACT

Day case lower limb arthroplasty- An audit of our practice.

ICIC20 Virtual Conference – September 2020

Madhusudhan Raghavendra^{1,}

1: Betsi Cadwaldr University Health Board, Central, Bodelwyddan, Rhyl, Denbighshire United Kingdom

Introduction

Hip and knee arthritis is a disabling condition which impacts the general and health of the individual and the society. In a system which provides free healthcare at the point of delivery, there is a huge financial and social burden on the system. Novel approaches which involve patient and partner education, electronic aids to help physiotherapy, community and social support are needed to minimise the burden on the patient and the social services. The present study was part of the Bevan Exemplar project 2018 UK.

Aim

To witness the efficacy of day case arthroplasty in reducing the length of post-operative stay, patient satisfaction, cost saving and early outcomes.

Patients and methods:

23 relatively young and motivated patients (all males) requiring lower limb arthroplasty (15 knees and 8 hips) with inclusion and exclusion criteria were identified and recruited into the study. At the outset, support services within the hospital and community services required post discharge were involved at an early stage. All patients were operated by two experienced surgeons with a special interest in day case arthroplasty under regional anaesthesia and enhanced recovery protocol as standard. Patients were mobilised on the day of the operation under supervision and were discharged when deemed suitable by the physiotherapist. All safety measures were identified and communicated to the patients on discharge. Post-operative physiotherapy was remotely monitored on electronic tablets with web based technology . Patients were formally assessed at 6 and 12 weeks as a part of the regular follow up.

Results

All patients were discharged within 24 hours of the index operation and available for follow up at 6 and 12 weeks. All patients were available for follow up. There were no readmissions to hospital within the first 6 weeks, no wound complications and all patients

participated well in the physiotherapy program. Patients mutually communicated and interacted well in a specifically created messaging service and found this was encouraging and useful. The functional results in terms of mobility, range of movements, early outcomes, patient satisfaction were comparable to other patients on the regular pathway.

Discussion

With increasing longevity and young patients requiring hip and knee replacements and, there is an increased demand for hip and knee replacements. With the present financial burden on the NHS it becomes difficult to address this issue by conventional methods. Recent advances and improvements in the quality of implants, improved training and multi-modal post-operative analgesia early discharge to home is a possibility in selected patients. Web based technology helps in monitoring of post-operative physiotherapy services and will improve the confidence and participation of patients in a structured program. The pathway and technology is easily transferable and indicates sustainability in the present day clinical practice while reducing the length of stay and financial saving on the NHS.

Conclusions

Day case arthroplasty service presents a viable option of providing safe practice with significant cost saving in selected patients with outcomes comparable to conventional methods. There is a good potential to change the way physiotherapy services are delivered.