Outpatient Total Ankle Arthroplasty is a Safe Alternative to Traditional Inpatient Admission or Overnight Observation

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Introduction/Purpose: Safe and cost-effective health care has become a priority in the United States. Total joint surgeons have successfully performed hip, knee, and shoulder arthroplasty procedures in the outpatient setting without compromising safety, satisfaction, or results. The purpose of this study was to evaluate outpatient total ankle arthroplasty (TAA) compared with overnight or more extended hospital stay, with regard to 90-day global period medical and surgical complications, reoperations, readmissions or emergency room visits, and pain control.

Methods: The medical records of patients who underwent TAA over a three-and-a-half-year period with a single, fellowship-trained orthopedic foot and ankle surgeon were retrospectively reviewed. Outcome measures included surgical complications, adverse medical events, readmission or emergency room visit for any reason, reoperation within the first 90 days following surgery, any notification of phone call or email to the surgeon’s office prior to first-operative visit regarding pain or other issues, Visual Analog Scale (VAS) pain score at the first post-operative visit, and need for narcotic refill. Outcomes were assessed by admission status; outpatient (discharge home the same day), overnight observation, or inpatient admission (hospital stay of two or more nights). Standard statistical analysis was used and p < 0.05 was considered significant.

Results: 82 patients underwent TAA who met inclusion criteria. No statistical differences were found between outpatient, overnight observation, and inpatient admission groups with regard to age, preoperative American Society of Anesthesiologists (ASA) score, gender, laterality, operative indication, or additional number of procedures. A significant difference in complication rate was seen between the three groups (p=0.02), but not rate of readmission or reoperation. Five of sixteen patients (31.2%) admitted for two or more nights following surgery had a complication after discharge versus four of sixty-six (6.1%) in those who were outpatient or admitted overnight (p=0.01). There were no differences in frequency of post-operative phone calls, narcotic refills, or VAS pain score at the first post-operative visit. There were no adverse medical events in any group.

Conclusion: With appropriate patient selection and proper instruction, TAA may be performed safely in the outpatient setting. Patients who were discharged home the day of surgery did not require more attention or care in the immediate post-operative period and adverse medical events did not occur. The inpatient group was more likely to have complications, but these mostly consisted of minor superficial wound problems, which may be attributed to patient factors unaccounted for in this study. As health care policy continues to evolve, efficient and cost-effective practices will be a priority and should be further studied.

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