

Enhanced recovery program – Impact of ASA grade on length of hospital stay in patients undergoing hip and knee arthroplasties



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Biography

Mansoor Chaudhry works as consultant at Our Lady of Lourdes Hospital, Drogheda, Ireland. His major interest includes arthroplasty, upper limb surgery and trauma surgery. He has an extensive experience of joint replacement surgeries.



Abstract

Introduction: Total hip and knee arthroplasties are two of the most quality of life enhancing orthopedic procedures performed. Enhanced recovery (ER) programs have been implemented in orthopedic surgery and have helped optimize preoperative, perioperative, and postoperative factors to reduce the physiological and psychological stress of surgery. The American Society of Anesthesiologists [ASA] classification system is now the most widely collected system for measuring physical health status by hip and knee arthroplasty registries worldwide. The aim of the study is to determine whether the ASA score is a predictive of length of hospital stay in patients undergoing hip and knee surgeries in elective setting.

Methods: Retrospective data is collected from a consecutive series of 441 charts and Irish National Orthopedics Register (INOR) for patients who underwent elective primary hip & knee replacements from January 1, 2018 to December 31, 2018 in Our Lady's Hospital, Navan. All these patients were assigned either ASA Class 2 or 3 in preoperative assessment.

Results: Patients with ASA 2 (319 patients of the total patient for the same period), average length of hospital stay was 4.8 days, whereas for patients with ASA 3 (122 patients of the total), length of hospital stay was 6.5 with mean difference between two groups was 1.7 days (95% confidence interval of this difference).

Conclusion: Patients with ASA 2 stayed shorter in the hospital compared to patients with ASA 3. Therefore, we recommend that pre-operative patients' optimization to downgrade a patient from an ASA 3 to ASA 2, but prospective analysis would be beneficial to examine the resource implications of such an initiative as well as patient outcomes with longer term follow up.

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