

# ERAS and outpatient Hip Arthroplasty: perspective of the patient.

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## OBJECTIVES

The introduction of ERAS pathways for hip- and knee arthroplasty has led to a reduced length of stay, less complications, fewer readmissions, better patient-reported outcome measures (PROMs) and cost-effectiveness (1). In consequence, outpatient Hip-and knee arthroplasty has become a natural evolution in selected (and even unselected) patients and has been shown to be feasible and safe (2). However, most studies on outcomes are performed through the perspective of the healthcare provider but little is known about the perspective of patients on outpatient joint arthroplasty pathways (3,4). Investigating common pitfalls, encountered by patients, before, during and after discharge remains crucial in optimization of the care pathway. In this qualitative study, we assessed patient experience and satisfaction of 15 total hip arthroplasties performed in an outpatient setting (same calendar day discharge) using a specific ERAS-protocol.

## METHODS

Fifteen patients who underwent outpatient total hip arthroplasty in our primary, non-academic institution (period 2021-2022) were contacted by a researcher to participate in a telephonic retrospective interview. A written and oral informed consent was achieved. The interview contained open-ended questions about the pre-, peri-, and postoperative experience of the care pathway. Data were collected by a single researcher (LVDM) and analyzed by the study main investigators (TB, LB).

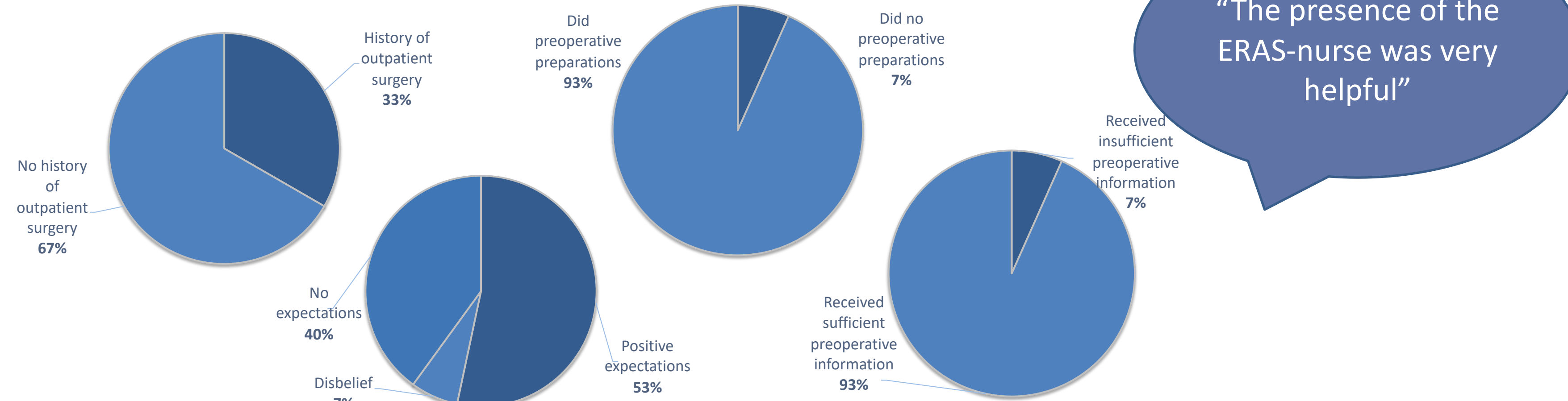


Figure 1: Patient ERAS-trajectory for hip arthroplasty

## RESULTS

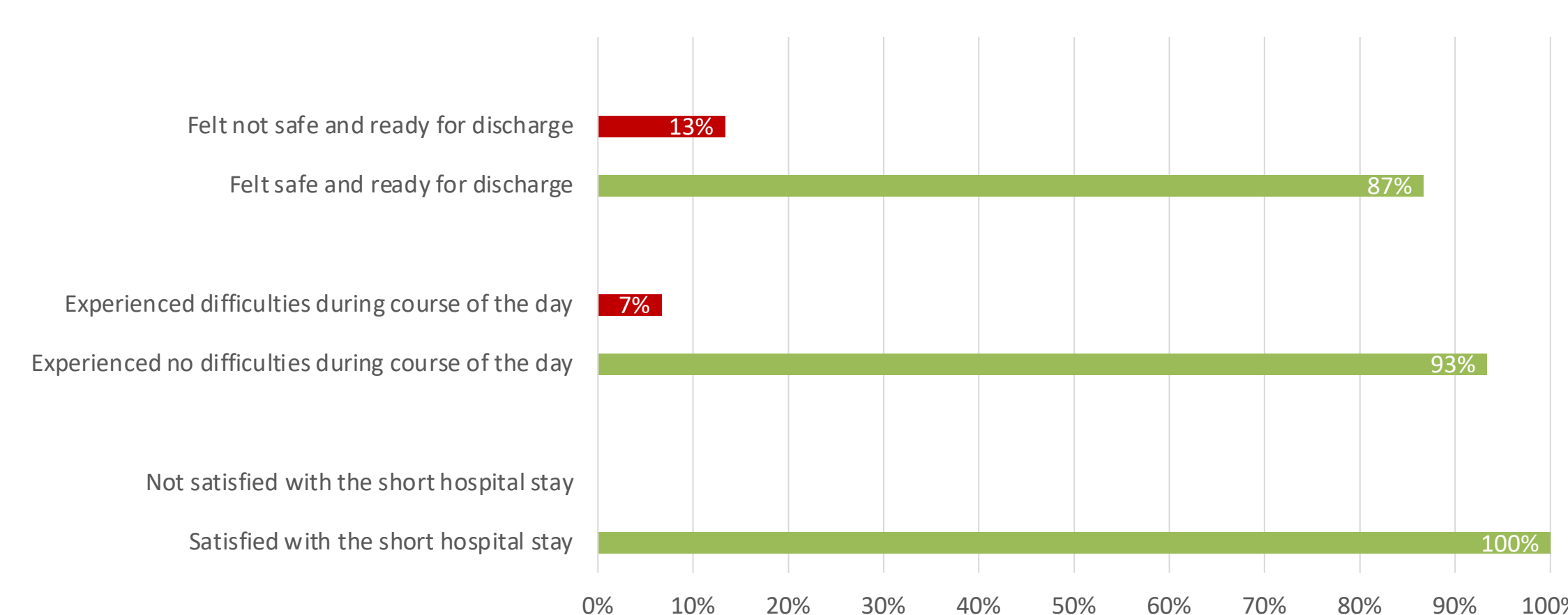
Preoperative, most patients didn't have any 'outpatient' experience before but had confidence in a good course but emphasized the need for good preoperative information. On the day of surgery, most patients didn't perceive the day course as stressful, although a timed schedule was handled. All patients went home on the day of surgery but two of them felt uncertain to go home, whereas another 4 patients explicitly mentioned the need for a caregiver at home. Only one patient mentioned opioid related side effects (nausea) with subsequent inadequate pain control.

### Preoperative



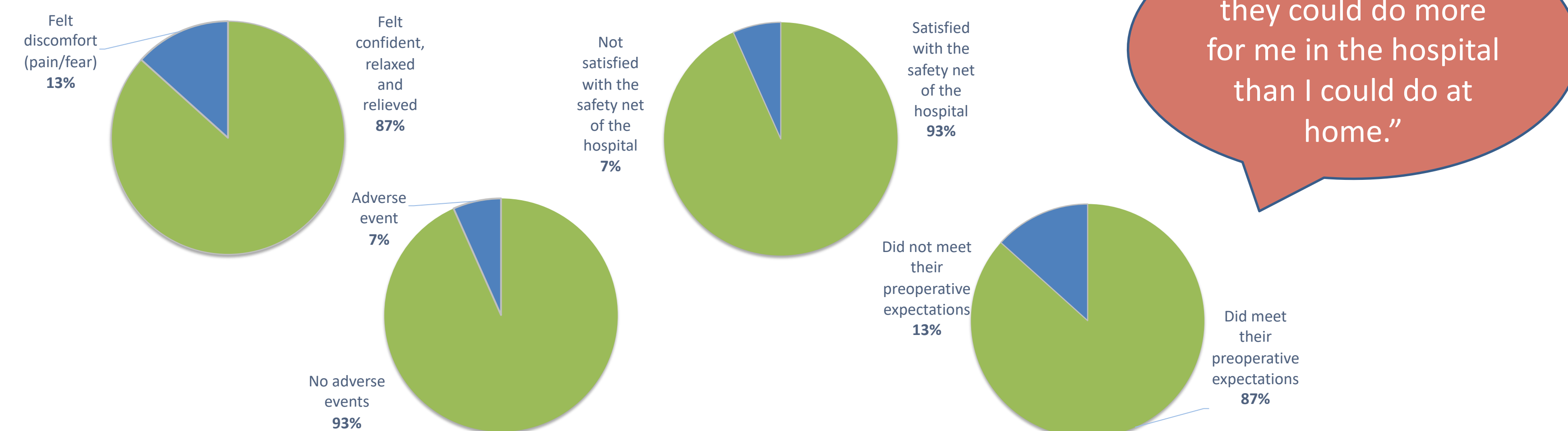
"The presence of the ERAS-nurse was very helpful"

### Perioperative



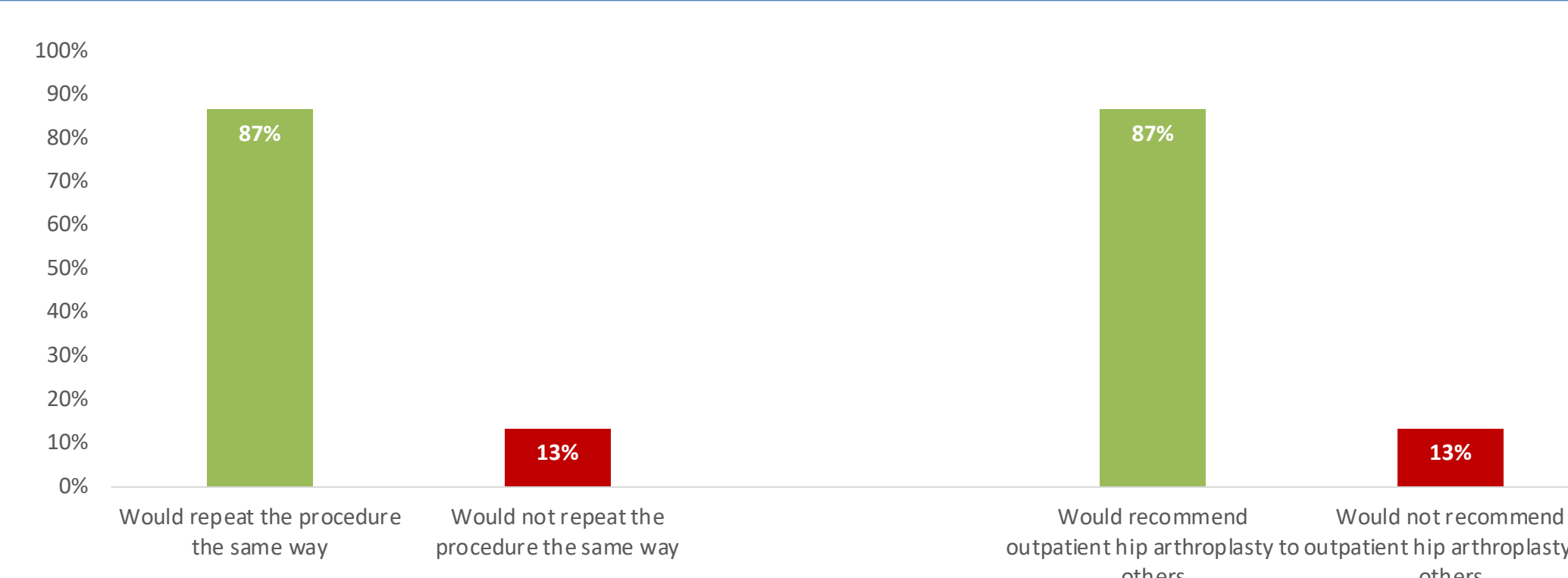
"My revalidation will be better at home."

### Postoperative



"There was nothing they could do more for me in the hospital than I could do at home."

### Concluding questions



"Not every patient is the same, a personal approach is important."

Preoperative	Postoperative
What was your reason to undergo total hip arthroplasty?	How did you experience the first days at home?
Previous experiences with outpatient surgery?	How would you describe your emotions after discharge?
What did you expect from the outpatient hip arthroplasty pathway?	How was your pain management after discharge? Did you find this to be adequate? Did you use the medication as prescribed?
What did you do to prepare yourself for surgery and same day discharge?	Did you feel safe after being discharged from the hospital? Were you aware of who and when to call in case of emergency or adverse events?
Was the provided information adequate and sufficient?	Were there any adverse events?
Do you have any suggestions for improving the preparation regarding the provision of information?	Did the experiences match the expectations before the operation?
Perioperative	Concluding questions
How did you experience the short stay in the hospital?	How likely are you to choose for outpatient joint arthroplasty again if indicated?
How did you experience the day as a whole?	How likely are you to recommend outpatient joint arthroplasty to other patients?
Did you feel ready for discharge from the hospital?	What would you recommend to improve our treatment protocol?
Did you feel anxious at any time during the stay?	

Table 1: Questions of the interview (pre-, peri-, and postoperative experience of the care pathway)

## CONCLUSIONS

From a patient point of view, preoperative multimodal education was the key to reduce stress and increased self-confidence for our outpatient hip arthroplasty program. Although all patients would undergo the operation again the same way if needed and more than eighty-five percent would recommend it to others, a good postoperative pain management and the need for a (para)medical and social safety net appear to be key factors in successful same calendar day discharge for hip arthroplasty.

## REFERENCES

1) Shapira J et al. Outcomes of outpatient total hip arthroplasty: a systematic review. Hip Int. 2021 Jan;31(1):4-11. 2) Bemelmans YFL et al. Safety and efficacy of outpatient hip and knee arthroplasty: a systematic review with meta-analysis. Arch Orthop Trauma Surg. 2022 Aug;142(8):1775-1791. 3) Kelly MP et al. Inpatient Versus Outpatient Hip and Knee Arthroplasty: Which Has Higher Patient Satisfaction? J Arthroplasty. 2018 Nov;33(11):3402-3406. 4) Kolisek FR, et al. Comparison of outpatient versus inpatient total knee arthroplasty. Clin Orthop Relat Res. 2009 Jun;467(6):1438-42.