

Factors affecting the post-operative length of stay after total ankle replacement

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Abstract

Introduction: Our study examined variables such as age, primary or revision ankle arthroplasty, anesthesia, postoperative analgesia and enhanced recovery protocols that could influence post-operative stay after Total ankle replacement. Pain management is important as it allows immediate mobilization reducing postoperative morbidity and mortality. We examined if Enhanced recovery protocols can have an influence on length of stay.

Methods: A total of 25 patients with TAR performed by four surgeons over a 1-year period were retrospectively reviewed. All patients undergoing primary or revision ankle arthroplasty were analyzed for type of Anesthesia, Peripheral block, Infiltration prior to closure and enhanced recovery protocol. Pain scores were recorded for each day of hospital stay until the patient was discharge.

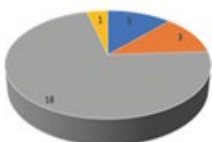
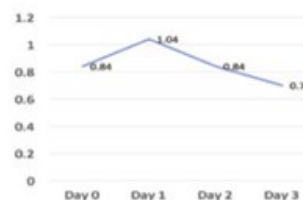
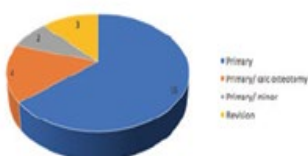
Results: Average age 66 (45-81), 17 male, 8 females, LOS 3.72 days, Delays seen mostly due to unavoidable medical issues, Pain managed well post operatively, Local wound infiltration rates- did not affect Length of stay reducing due to evidence showing no additional benefits in Enhanced recovery.

Discussion: Continue use of multimodal analgesia to optimize post op pain management, Use of elevation frames on the ward could help to improve pain levels and facilitate early mobilization, If ankle too swollen to go into a boot suggest backslab to facilitate discharge, Identify those needing social care packages at pre op assessment stage. To our knowledge there have been no similar studies performed in the past.

Limitation: Small sample size, Retrospective study, no control group as a comparator has a potential of introducing Bias.

Biography

Jonathan James D'souza is working at Warrington and Halton University Teaching Hospital. His research interest is orthopedics surgery.



Reasons for delayed discharge

Type of surgery	LOS	Developmental reasons
GA	3.58	Delayed discharge awaiting social care package
GA plus peripheral block	3.66	Developed raised BP and U/L, went into primary operation
GA plus peripheral block	3.66	Documented swelling/ blisters post op, kept in for observation
GA plus peripheral block	3.66	Developed U/L, managed on and antibiotics
GA plus peripheral block	3.66	Remained in hospital due to delay reaching target PIR while coming off bridging therapy
GA plus peripheral block	3.66	Remained in hospital due to delay reaching target PIR while coming off bridging therapy

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