

Pilot study to evaluate feasibility, efficacy, safety and patient satisfaction of day case total hip replacement (DC THR).

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Background & Method

Background

- Recent reports indicate total hip replacement(THR) can be managed as a day case procedure(DC) providing both patient and health economic benefits. However, few of these studies demonstrate effectiveness and safety in a UK NHS setting.
- We aimed to evaluate the feasibility, efficacy, safety and patient satisfaction of a DC-THR pilot at Wrightington.

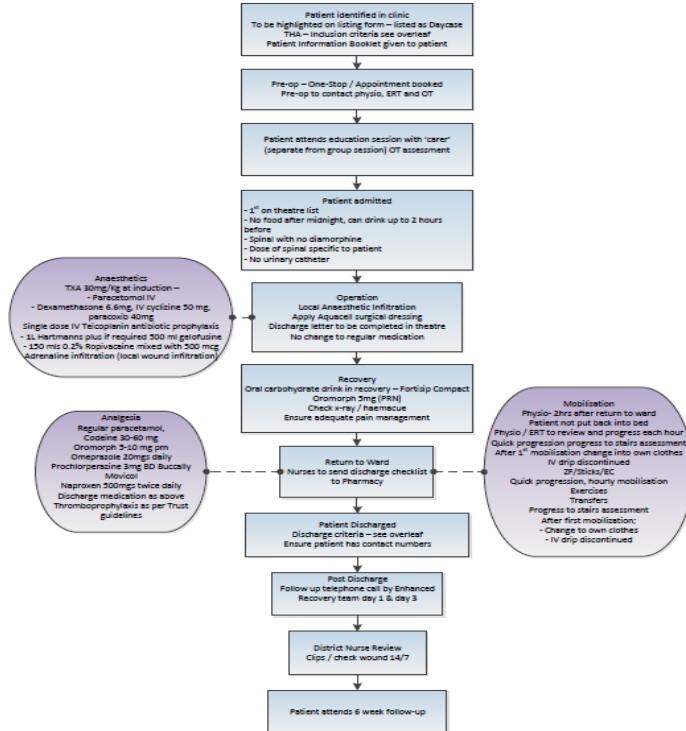
Method

- Inclusion criteria, specific patient information, education sessions, detailed pathway and discharge criteria were generated and delivered by a multidisciplinary team approach. Eligible patients were recruited from 2 lead consultants in OPD.

Pathway

Inclusion criteria

Process for Day Case Total Hip Arthroplasty



- Patient motivated to be discharged on day 0
- Someone currently living with patient at home who is mobile enough to help
- Own transport to get home
- Live within 2 hrs of Wrightington
- Not on Opioids preop
- ASA 1 or 2
- No CKD
- No long-term steroid usage
- BMI < 40
- No cognitive impairment
- Standard Primary THA

Patient information

Three
WRIGHTINGTON, WIGAN AND LEIGH
HOSPITALS
FOUNDATION TRUST

NHS
Wrightington,
Wigan and Leigh
NHS Foundation Trust

**Day Case
Total Hip Replacement**
Patient Information

Draft

Author ID:	JC
Leaflet Number:	Musc 065
Version:	1
Name of Leaflet:	Day Case Total Hip Replacement
Date Produced:	PIA to insert
Review Date:	2 years

The WWL Way

- **Specific Education sessions**
- **Discharge Criteria**
 - Pain control adequate
 - Passed Physio assessment
 - PU'd
 - Patient confident
 - Carer confident
 - Dressing dry and intact

Results

- Nov 2018-present - 31 procedures
- 12M:19F
- Standard posterior approach
- Mean age 52(29-77yrs)
- 27 Uncemented(14 mini hip, 2 custom), 4 Hybrid
- Same day discharge=24(77%)
- Day 1=5
 - Slow quads
 - Reduced dorsi flexion
 - Catheterized for retention
 - Patient choice stay o/night
 - No reason recorded
- Day 2= 2xlow BP
- No readmissions

Follow up

- 1 and 3 day phone call by ER team
 - 29 no complications/concerns, 1 moderate swelling, 1 wound ooze – subsequent day 3 wound check satisfactory
- 6/52 no complications
- 1 year review
 - 3 reviewed–no complications or concerns back to activities(walking, cycling, swimming, cross training)
- Medication review
 - Day 3 – 23% Paracetamol
 - 77% Paracetamol/Naproxen/Codeine
 - 30% of all patients required Oramorph prior to sleep & exercise
 - Day 7 – 100% paracetamol/naproxen
- Comparative analysis of therapy input
 - D/C- average 81 minutes i/c 2.7 contacts
 - ER – average 138 minutes i/c 4.6 contacts

Conclusion

- This small pilot demonstrates the safety and effectiveness of performing THR as a day case in a UK NHS setting.
- Key drivers for success are felt to be a multidisciplinary team approach and ‘buy-in’ from patients.
- Further role out of the pilot is planned and it is likely that more patients will find this option attractive in the post-covid era.

What next...

- **Monitor**
 - Outcomes
 - Progress
- **Develop/Refine**
 - Pathway
 - Criteria
 - Broaden patient selection
- **Educate**
 - Staff
 - Public
- **Expand & Invest**
 - Business plan
 - Expand team