

Shorter hospital stay for knee replacement linked with greater revision, mortality risks

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No previous research has quantified and compared the costs and outcomes between total knee replacement (TKR) patients who have differing lengths of hospital stay following surgery.

In new research presented today at the 2012 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS), investigators identified [Medicare patients](#) who had undergone TKR between 1997 and 2009. The patients were separated into the following groups: outpatient, 1-day inpatient, 2-day inpatient, 3- or 4-day inpatient (standard of care), and 5 plus day inpatient. Investigators reviewed outcomes for the [patient groups](#) including annual payments, mortality, readmission, revision and common complications.

After adjusting for various factors, the results were compared at 90 days, one year, and two years after surgery. Compared to patients who had the standard of care 3-4 day hospital stay, the incremental payments for [osteoarthritis](#) costs at 2 years were - \$6,964 (lower) for the outpatient group, - \$3,327 for patients hospitalized for one day, -\$1,681 for two days, and +\$1,159 for five plus days. At 90 days, the outpatient group had less pain and stiffness compared to the standard care (3-4 day) group, but had a higher risk for mortality, readmission and dislocation.

Investigators recommend that hospitals that choose to implement shorter stay protocols for TKR patients, do so gradually and only with appropriate and sufficient capabilities.

Provided by American Academy of Orthopaedic Surgeons

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