

Total Hip Replacement and Total Knee Replacement outcomes in the elderly - An opportunity for further improvement of ERAS pathways.

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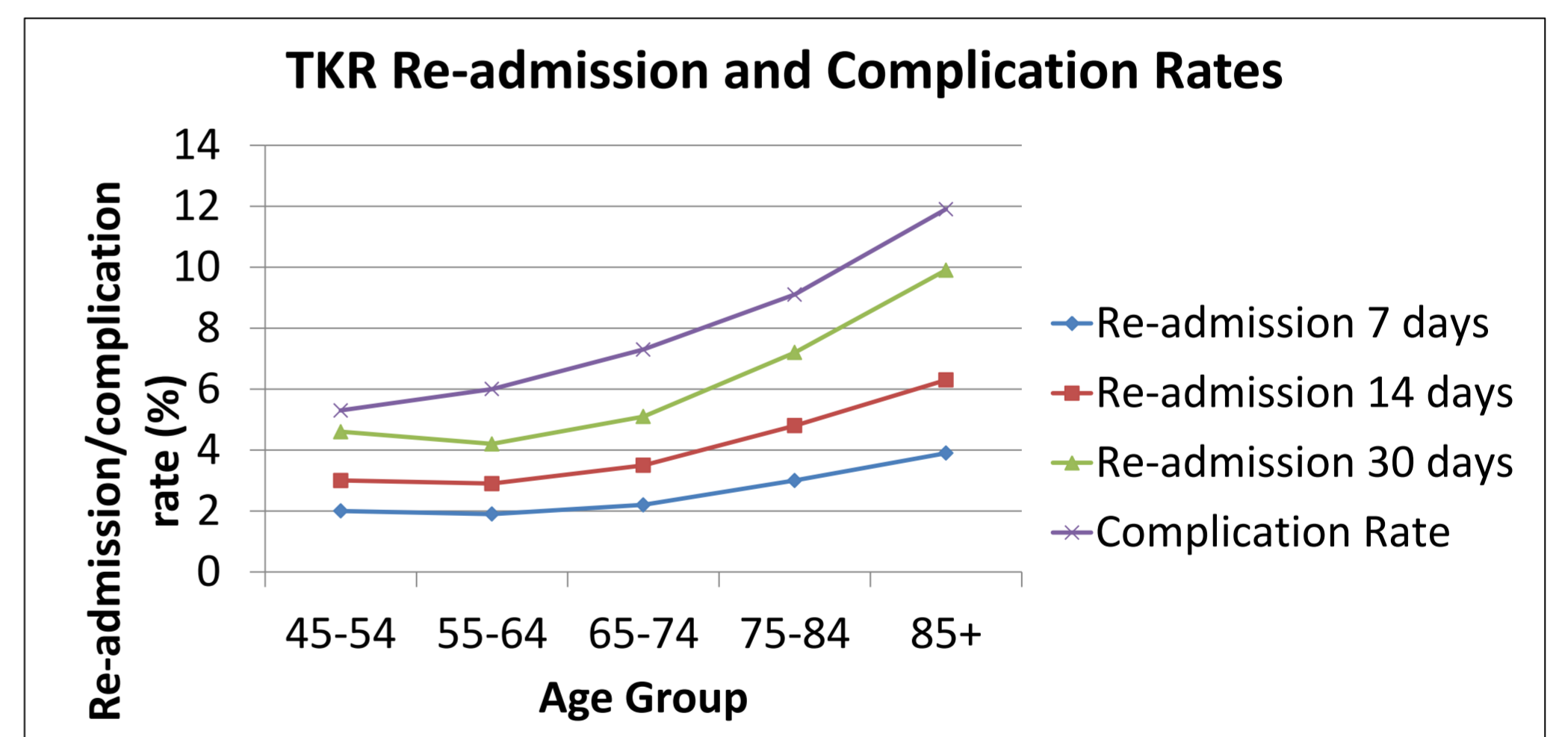
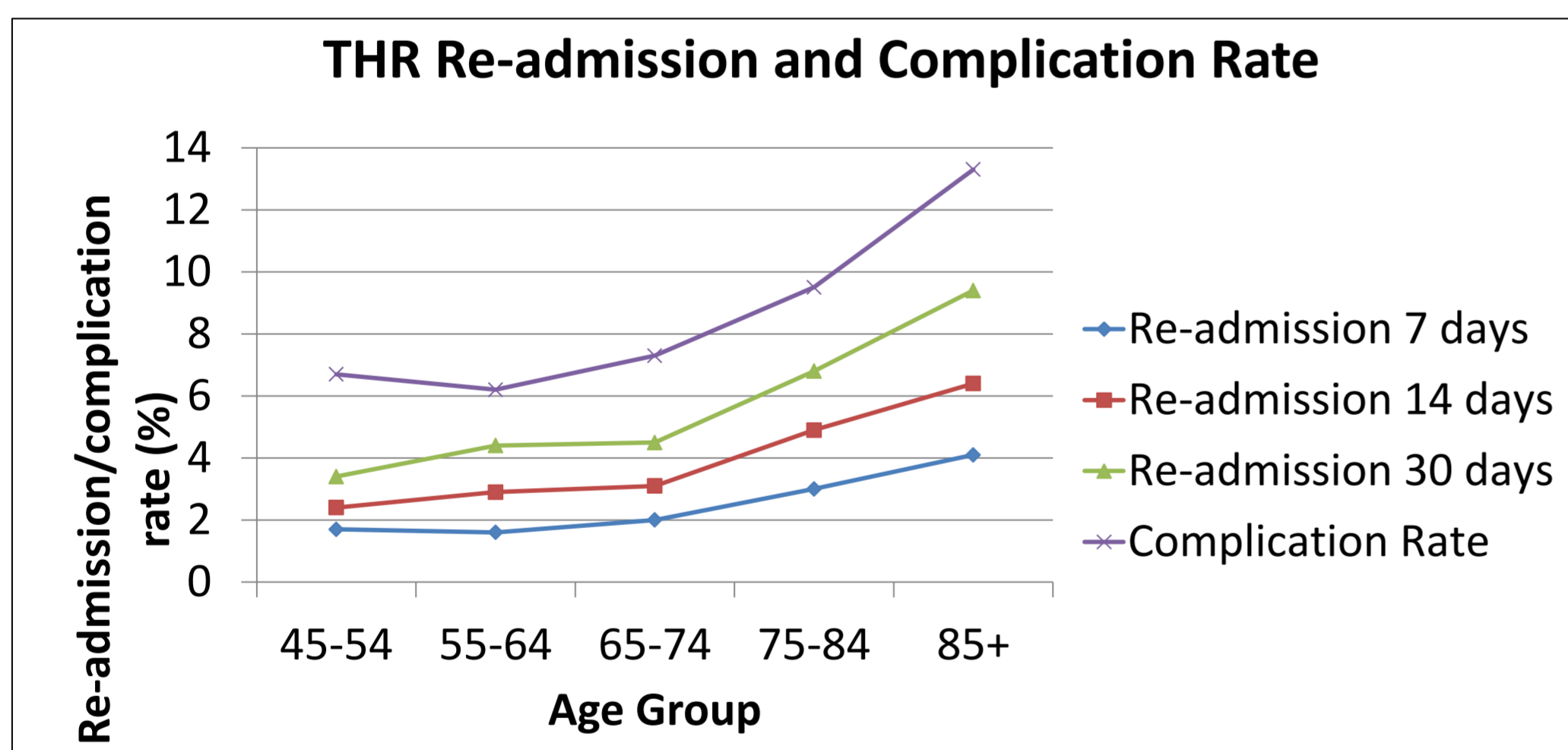
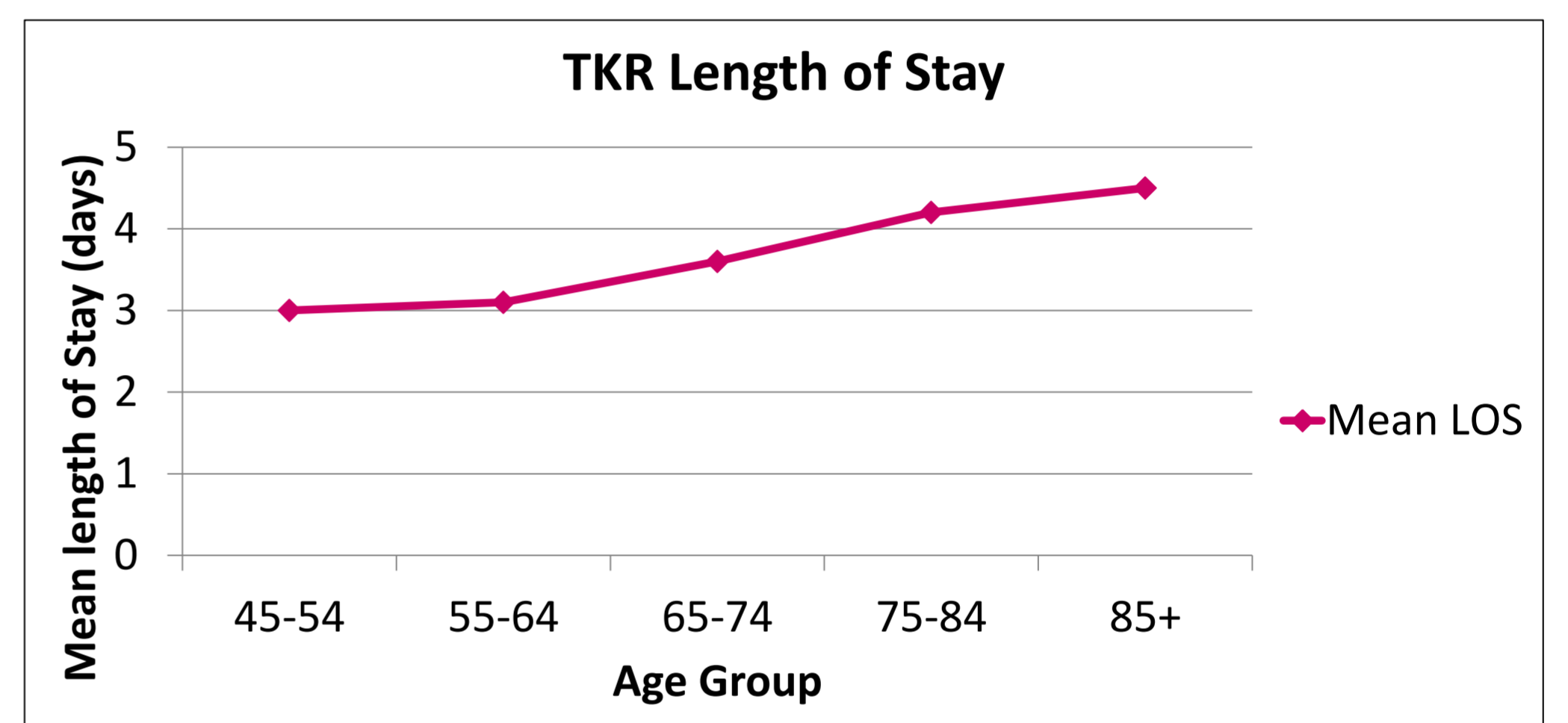
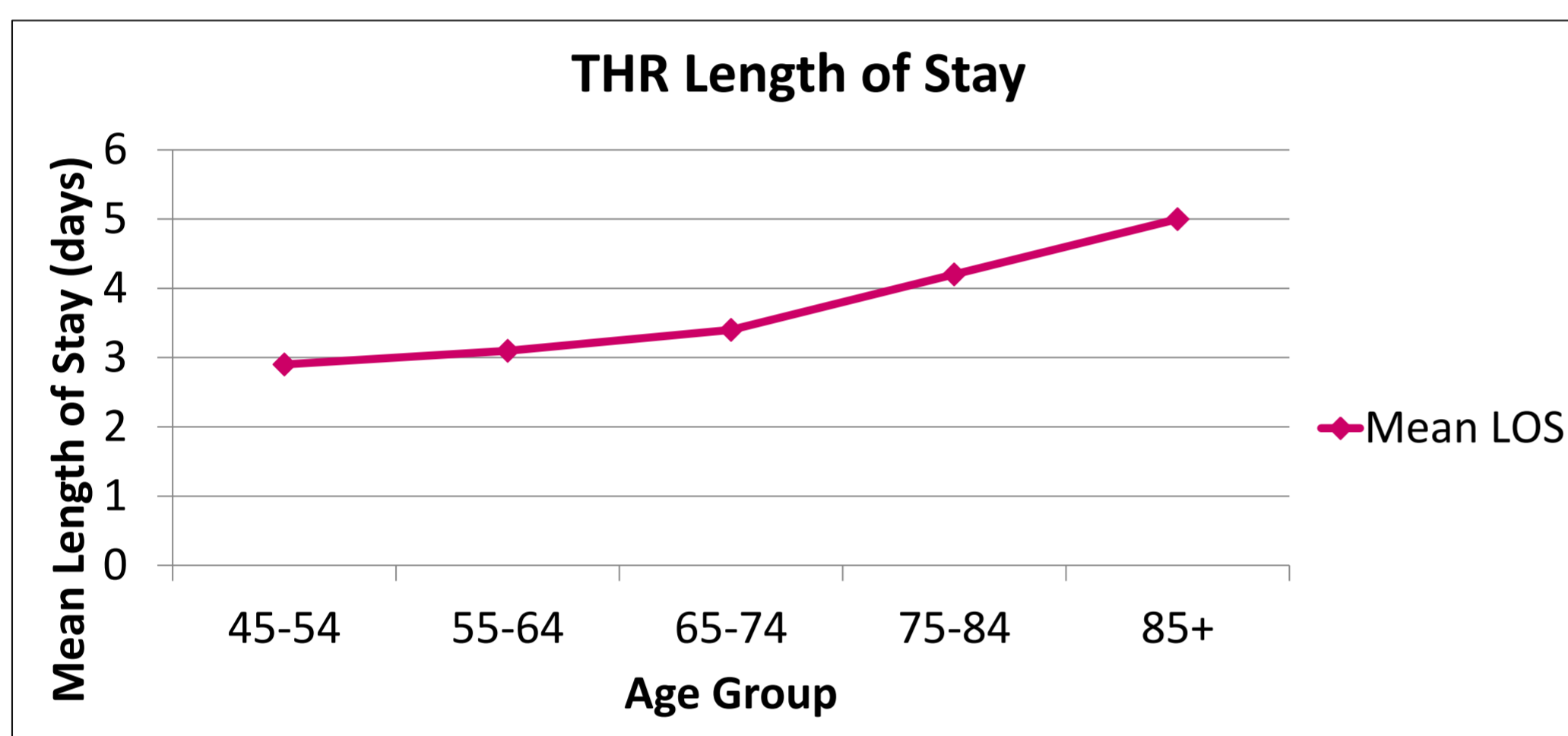
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Introduction and Methods

Postoperative outcomes of total hip replacement (THR) and total knee replacement (TKR) have improved since the implementation of Enhanced Recovery after Surgery (ERAS) pathways. The elderly population is increasing and successful fast-track rehabilitation can be achieved amongst this cohort. Previous literature generally studies younger patients, who would be expected to recover well from a multidisciplinary pathway anyway. Literature to assess the role of enhanced recovery in the elderly is very limited. This research aims to analysis the current outcomes for elderly patients following THR and TKR. To achieve this, UK National Health Service (NHS) statistics were analysed through Hospital Episode Statistics (HES).



Results



Conclusions

Length of stay, 7, 14 and 30 day readmission rate and complication of care rate increased linearly with age. For patients aged over 85, mean length of stay for THR surgery was 5 days, and for TKR surgery mean length of stay was 4.5 days, 1-2 days higher than younger age groups. Despite improvements in perioperative care components following the implementation of ERAS programmes, very elderly patients are still at risk of a longer stay in hospital, and a higher rate of post-operative complication, following THR and TKR surgery. A focus of future ERAS pathways should be to modify care components in order to consider the needs of high risk, elderly patients.



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