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**Abstract Title: FEASIBILITY OF OUTPATIENT DISCHARGE IN SINGLE-STAGE BILATERAL UNICOMPARTMENTAL KNEE ARTHROPLASTY**

**Objective:**

Single-stage bilateral unicompartmental knee arthroplasty (SSBUKA) has shown good postoperative function at a lower cost than staged bilateral procedures, without an increase in complications, but is differentiated for reimbursement purposes. Due to this, favor lies with the staged procedure to best achieve outpatient discharge. A rapid discharge protocol has been developed at the current study site and outpatient discharge for the unilateral procedure exceeds 97%. However, the feasibility of outpatient discharge following SSBUKA remains unclear. Therefore, the purpose of this study was to determine the success of achieving outpatient (<24hr) discharge following SSBUKA in an unselected patient cohort and identify patient variables associated with unsuccessful outpatient discharge.

**Methods:**

A retrospective chart review was completed for 104 patients having undergone SSBUKA. Data collection included patient demographics, discharge status, and disposition location. Independent t-tests (continuous) and Chi-squared tests (categorical) determined differences between outpatient vs inpatient discharge groups, and home vs other disposition groups. Multivariable regression was used to assess variables associated with discharge status and location.

**Conclusion:**

Overall, 96 (92.3%) patients achieved outpatient discharge, while 8 (7.7%) required an inpatient admission. Although no differences were observed in patient demographics, patients requiring inpatient admission were more likely to require a pre-operative assistive device (62.5% vs 25.0%,  $p=0.037$ ) and live alone (37.5% vs 8.3%,  $p=0.033$ ) compared to patients who successfully achieved outpatient discharge. For those achieving outpatient discharge, only 63.5% were discharged directly home, with living alone significantly increasing the risk (OR 5.800,  $p=0.038$ ) for requiring an acute care facility prior to transition home. Achieving true outpatient discharge is only modestly feasible for most SSBUKA patients, as a significant percentage required discharged to an acute care facility. While it is likely multifactorial, living alone increased the likelihood of both inpatient admission and need for an acute inpatient care facility following surgery.