

204 A Systematic Review of Clinical Outcomes for Outpatient vs Inpatient Shoulder Arthroplasty

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Aim: Outpatient shoulder arthroplasty is growing in popularity as a cost-effective and potentially equally safe alternative to inpatient arthroplasty. We investigated literature relating to outpatient shoulder arthroplasty, looking at clinical outcomes, complications, readmission, and cost compared to inpatient arthroplasty.

Method: We systematically searched Medline, Embase, PubMed using relevant search terms. Methodological quality of included studies was assessed using Methodological Index for Non-Randomised Studies score.

Results: We included 17 studies in our review with 11 included in the meta-analyses. A meta-analysis of hospital readmissions demonstrated that there was no statistically significant difference between outpatient and inpatient cohorts (OR = 0.89, 95% CI: 0.63-1.25, $p=0.49$, $I^2=56\%$). Pooling results for all post-operative complications identified decreased complications in those undergoing outpatient surgery (OR = 0.70; 95% CI: 0.52-0.94, $p=0.02$, $I^2=50\%$). No statistically significant difference was identified with respect to medical complications (OR = 0.86, 95% CI: 0.74-1.01, $p=0.07$, $I^2=0\%$) or surgical complications (OR = 0.71, 95% CI: 0.45-1.12, $p=0.14$, $I^2=26\%$). Considerable cost saving of between \$3 614 – \$53 202 (19.7 – 69.9%) per patient were present in the outpatient setting.

Conclusions: Shoulder arthroplasty in the outpatient setting is as safe as shoulder arthroplasty in the inpatient setting, with a significant reduction in cost. There is no demonstrable statistically significant difference with regards to readmissions between outpatient and inpatient shoulder arthroplasty. In the appropriately selected patient, outpatient shoulder arthroplasty is safe and cost-effective; however, we still need to work towards understanding who the appropriate patients are for this post-operative care pathway.