

# World Congress of Enhanced Recovery After Surgery and Perioperative Medicine Abstract Submission

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## WHAT EFFECT HAS THE INTRODUCTION OF ERAS HAD ON LENGTH OF STAY AFTER TOTAL HIP AND KNEE REPLACEMENT IN THE SOUTH WEST REGION OF ENGLAND?

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### **Presentation Preference:** Oral or Poster

**Objectives:** To determine the effect of ERAS introduction on aggregated mean length of stay (LOS) for hip and knee replacement across 17 hospitals in the South West region of England.

**Methods:** Dr Foster software (Practice and Provider Monitor tool) was used to interrogate Hospital Episode Statistic data. Data from Q4-2007 to Q4-2014 was retrieved for elective hip and knee replacement spells from hospitals within the South West region of England. Aggregated mean LOS was then calculated per quarter.

**Results:** 56,074 knee replacements and 58,399 hip replacements performed in 17 hospitals were included in the analysis. Over the time period from Q4-2007 to Q4-2014, across the region mean LOS reduced by 2.1 days from 7.2 days to 5.1 days for hip replacement, and by 1.7 days from 6.9 days to 5.2 days for knee replacement. Within this reduction of total LOS, over the same time period the pre-operative LOS reduced by 0.4 days (0.5 to 0.1 for hip replacement, and 0.4 to 0.0 for knee replacement).

**Conclusion:** The introduction of ERAS within the UK has helped to reduce mean LOS for hip and knee replacement in the South West of England over the last 7 years. However, when aggregated data with no exclusions is analysed across the region there is still significant scope for further reduction in LOS when the results of international exemplar ERAS sites are compared. The data may suggest that ERAS adoption has not been as complete as previously thought and reported. This highlights the very important need for further high profile ERAS awareness raising, and on-going support to help hospitals successfully implement ERAS for all of their hip and knee replacement patients.

**Disclosure of Interest:** None Declared