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Abstract title
Total Hip Replacement and Total Knee Replacement Outcomes in the Elderly- An Opportunity for Further Improvement of ERAS pathways.

Abstract

Introduction

Postoperative outcomes of total hip replacement (THR) and total knee replacement (TKR) have been improved by Enhanced Recovery after Surgery (ERAS) guidelines. The elderly population is increasing and successful fast-track rehabilitation can be achieved amongst this cohort. However, the cohorts studied in previous literature are generally younger, healthy patients, who would be expected to recover well from a multidisciplinary pathway. Literature to assess the role of enhanced recovery in the very elderly is limited. The aim of this study is to assess the current outcomes for elderly patients post THR and TKR and explore the opportunity for further application of ERAS pathways.

Methods
This retrospective study was completed by collecting UK acute NHS hospital data through Hospital Episode Statistics (HES), accessed via the Dr. Foster Healthcare Intelligence Portal. Length of stay, readmission rates, complication of care and mortality were recorded for all THR and TKR cases.

Results
Length of stay, readmission and complication of care rates increased linearly with age for both THR and TKR patients. For over 85's, average length of stay was 5.0 and 4.5 days (THR and TKR respectively), 30 day re-admission was 9.4% and 9.9%, complication of care was 13.3% and 11.9% and mortality rate was 0.5% and 0.4%.

Conclusions
The very elderly have the most to gain from an ERAS programme but still have the longest stay in hospital and the greatest post-operative complications. Further work is required to determine how to reduce the risk of complications and increase functional recovery in elderly patients.