

ERAS 2019 - Abstract Submission

ERAS19-1121

FOR WHICH PATIENTS IS ATTENDING A PRE-OPERATIVE EDUCATION SESSION MOST IMPORTANT IN A TOTAL HIP AND KNEE REPLACEMENT ERAS PATHWAY?

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Objectives: Optimising the psychological status of patients' pre-surgery through education is recommended by the Enhanced Recovery after Surgery (ERAS) Society. However, despite this; the majority of the current evidence base does not confirm that pre-operative education reduces length of stay in total hip or knee replacement pathways. The aim of this study is to compare length of stay between patients who attended an education class prior to elective total hip or knee replacement surgery, compared to those who did not.

Methods: This is a single site, retrospective cohort study comparing length of stay in hospital for patients who attended and did not attend an education class prior to hip or knee replacement surgery on an ERAS pathway. Data were accessed through the hospital's online administrative system. Patients were excluded if they were readmitted to hospital following discharge. Data were also recorded on the patient's risk of needing extended inpatient rehabilitation through the Risk Assessment Predictor Tool (RAPT).

Results: Mean length of stay reduced by 0.38 days for patients (n=1233) who underwent hip replacement (n=590) ($p < 0.0016$) and by 0.77 days for patients who underwent knee replacement (n=643) ($p < 0.0001$) following attendance to a one hour preoperative education class as part of an ERAS pathway. Patients undergoing knee replacement who were considered at high risk of extended inpatient rehabilitation on the RAPT score, stayed on average 2.58 days less in hospital after attending the education class (mean length of stay 4.52 ± 1.26 days versus 7.1 ± 4.18 days ($p < 0.02$)). There were no significant differences in mean length of stay between patients undergoing hip replacement who did and did not attend their preoperative education class when data were categorised into level of risk.

Conclusion: This study highlights that the inclusion of a preoperative education session to ERAS pathways may be most beneficial for patients undergoing knee replacement, and who are identified pre-operatively as being at high risk of long length of stay using the RAPT score. Therefore, the pre-operative characterisation and identification of which patients may require specific educational and psychological support is recommended.

Disclosure of Interest: K. Sisak: None Declared, R. Darch: None Declared, L. Burgess: None Declared, R. Middleton: None Declared, T. Wainwright Other: Treasurer and a director of The Enhanced Recovery after Surgery Society (UK) which is a not-for-profit organisation and is affiliated to the International ERAS Society