The Changing Face of Elective Arthroplasty: Day Case by Default at a New GIRFT-Accredited Regional Elective Orthopaedic Hub

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Abstract (300 word limit)

Background: Day-case arthroplasty rates are increasing, but national median length of stay remains 2.75, 2.91 and 1.91 days for total hip replacement (THR), total knee replacement (TKR) and unicompartmental knee replacement (UKR), respectively. GIRFT recommends a "day-case by default" model while avoiding restrictive selection criteria that artificially inflate success by excluding complex patients. We report early outcomes from a new GIRFT-accredited regional elective orthopaedic hub delivering high-volume arthroplasty without formal day-case exclusion criteria.
Methods: A retrospective service evaluation included all primary THRs, TKRs and UKRs performed over 9 months. All patients were counselled pre-operatively using a day-case by default model. Pathway measures included short-acting spinal anaesthesia, minimal soft-tissue handling, minimally invasive THR technique, optimised analgesia, immediate post-operative radiographs during recovery-to-ward transition, and Day 0 physiotherapy. Length of stay and discharge barriers were recorded.
Results: 865 primary joint replacements were performed: 381 THRs, 403 TKRs and 81 UKRs. Overall same-day discharge was 12.8% (n=111); 64.3% (n=556) were discharged on Day 1, giving a combined Day 0-1 discharge rate of 77.1%. Day 2 and Day 3 discharge rates were 13.9% and 5.0%: 4.0% stayed beyond Day 3. Day 0 discharge was achieved in 8.9% of THRs, 5.2% of TKRs and 69.1% of UKRs. Mean length of stay was 1.48 days for THR, 1.36 for TKR and 0.35 for UKR. Combined Day 0-1 discharge was 73.5% for THR and 76.4% for TKR. Common barriers to discharge were pain, complex discharge, postural hypotension and delayed physiotherapy clearance.
Conclusion: A high-volume GIRFT-accredited elective orthopaedic hub can deliver strong Day 0-1 discharge rates using a day-case by default model without formal exclusion criteria. With 77.1% discharged within 24 hours and mean length of stay below national medians across all procedure groups, these findings support wider adoption of this model across elective arthroplasty hubs.

Recent Publications

Murhekar S, Relwani S, Lau S, Virani S. Evaluation of the Effectiveness of Virtual Telephone Consultations Against Traditional Face-to-Face Consultations in Spine Surgery Using an Objective Metric. Cureus. 2024 Sep 15;16(9):e69433. doi: 10.7759/cureus.69433. PMID: 39411612; PMCID: PMC11474130.

Onubogu I K, Relwani S, Grewal U S, et al. (October 13, 2021) Distal Femoral Replacement as a Primary Treatment Method for Distal Femoral Fractures in the Elderly. Cureus 13(10): e18752. doi:10.7759/cureus.18752

Submitted awaiting decision: Scantling-Birch Y, Relwani S, McKecknie C, Zambarakji H. A four-year retrospective surgical case series examining postoperative complications following removal of silicone oil (ROSO) scored using the Complications in Retinal Detachment Surgery (CORDS) Severity Classification Tool.

Biography (150 Word Limit)

Sanjana Relwani is a Core Surgical Trainee currently working in Trauma & Orthopaedics in the Kent, Surrey and Sussex Deanery. She graduated from Barts and the London School of Medicine in 2023 with an MBBS and completed an MSc in Global Public Policy and Health in 2021. Sanjana completed her foundation training in London and was awarded the Barts Health Foundation Trainee Award in 2024. She is interested in Trauma and Orthopaedics and is actively involved in surgical education and quality improvement.

