

Pre-op triage of total hip replacement patients improves outcomes

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(Medical Xpress)—According to a new study by researchers from the Perelman School of Medicine at the University of Pennsylvania, pre-operatively identifying patients with certain comorbid risk factors that may increase their chance of being admitted to the ICU following total hip replacement surgery results in fewer deaths, post-surgery complications, and unplanned ICU admissions. The full results of the study will be presented at the [2013 American Academy of Orthopaedic Surgeons Annual Meeting](#) this week in Chicago.

"With increased life expectancy and advances in medical care, more geriatric [patients](#) are receiving total hip replacements, and often they already have other health issues that may affect their risk of complication following surgery," said Craig Israelite, MD, assistant professor of clinical orthopaedic surgery, and senior author on the study. "By identifying patient characteristics or predisposing factors that may increase the risk of complications, we're able to better prepare to properly care for these patients in a more appropriate setting right from the start."

Pre-operatively identifying patients who would benefit from immediate post-operative admission to the ICU may also allow physicians to minimize family and patient concerns over unanticipated post-operative ICU admission.

The pre-operative model used for the study was developed by an interdisciplinary team of researchers and identified at-[risk patients](#) based on

several criteria, including those who were 75 years or older, had a history of heart attack, increased BMI, poor renal function, or were undergoing revision [hip surgery](#). Members of the nursing and hospital administrative staff were also indirectly involved in the study design, resource utilization, and implementation.

Using the prediction tool, researchers were able to schedule an ICU bed in the clinic setting and appropriately adjust resource utilization. Initial results of the study found that using a pre-operative patient-assessment model results in fewer unexpected deaths, a decrease in the rate of complication (down from 12.5 percent to 2 percent), and an overall decrease in the number of unplanned ICU admissions (down from 7.1 percent to 2.2 percent).

Israelite acknowledges resource issues must be considered in an era of cost containment. "ICU care is more expensive than care on a medical-surgical floor. Further study of our criteria may result in a refined ICU admission strategy."

More information: [Paper Presentation #777](#): Prospective Study of Unplanned Admission to the Intensive Care Unit after Total Hip Arthroplasty

Provided by University of Pennsylvania

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