Outpatient Periacetabular Osteotomy: A Pipedream or an Achievable Reality?

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INTRODUCTION: Timely access to young patients suffering from hip dysplasia is critical which may be a challenge due to lack of in hospital beds. This study aimed to evaluate our early experience with less than 24hr stay peri-acetabular osteotomy (PAO).

METHODS: Starting in January 1st, 2021, 24 consecutive patients were scheduled for < 24 hr stay, 18 females and 6 males [Mean age of 28.7 years (17-46); mean BMI 25.15 (18.9-37.1)]. A standardized pain management protocol was used for all patients: local infiltration of ropivacaine/epinephrine/ketorolac, and systemic ketorolac, 10mg of dexamethasone and 1 gm of tranexamic acid IV. The pre-op pain management included: celecoxib and acetaminophen with the addition of Tramadol, dexamethasone for 3 days and Hydromorphone post-operatively. All patients were assessed by physiotherapy. Outpatient group was matched on age and BMI to inpatient PAOs (2015- 2020).

RESULTS SECTION: Outpatient group, 19 patients were same day discharge, 5 patients had < 24 hr stay, with an average stay of 11.8 hours (6 - 24): one failure to discharge due to pain and had 4-day LOS. The mean LOS for inpatients was 3.13 days (range 2-8). For outpatients, mean blood loss: 531mL (range 250-900mL); mean surgery time: 113 minutes (range 83□□□ 158 minutes), compared to 698mL (range 300-1500mL) and 139 minutes (range 79-260 minutes) for inpatients. At 90 days we had one readmission in each group: wound dehiscence requiring irrigation and debridement in the outpatient; an inferior epigastric bleed requiring embolization in the patient. In the outpatient group, 50% an adjunct procedure: arthroscopy (33%), osteochondroplasty (13%); subspine decompression (4%). Inpatient group, 87.5% received PAO alone, with 12.5% having an arthroscopy.

DISCUSSION: Early experience with outpatient/<24hr stay PAOs demonstrates safety and effectiveness. Further optimization of pain management as well as volume resuscitation opens the door for a more widespread use of outpatient PAO.

SIGNIFICANCE/CLINICAL RELEVANCE: The analysis completed helps define the safety and efficacy of performing outpatient peri-acetabular osteotomy.

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