

## Outpatient total joint and partial joint replacements

There have been various changes in the management of surgical patients during the past several years, including less soft tissue damage during surgery, improved pain control, early mobility after surgery, and new rehabilitation protocols. All of these have led to earlier hospital discharge after total joint replacements. The average duration of hospitalization has decreased for patients who underwent total knee replacement in the United States by more than half of what it was only 10 years prior. There is significant evidence to suggest that patients who are discharged early have similar functional results, and outcomes are equivalent to patients who remained in the hospital longer. There is a change in the way patients are cared for on the horizon and selected patients who receive the appropriate preoperative education are very likely to have a successful and safe experience when discharged on the day of surgery. Outpatient total knee, partial knee and total hip protocols have been described. The success of these strategies have been attributed to multiple factors, including improvements in surgical techniques with less soft tissue damage, improved pain management with a focus on controlling pain with multiple strategies, early mobilization to ensure the fastest recovery, changes in rehabilitation techniques, and in some circumstances discharges to inpatient rehabilitation facilities. Patients who are indicated for a total hip or knee replacement, and who are considered sufficiently healthy for early discharge, may be candidates for these accelerated pathways to successful joint replacement. These strategic pathways combine preoperative patient education, oral pain medications, early mobilization, and intensive physical therapy. The goal is to allow safe discharge from the hospital or specialized facility on the day of surgery.

Donald Hohman MD is a board certified fellowship trained Orthopaedic Surgeon specializing in joint replacements of the hip and knee. He completed his specialty training at the Brigham and Women's Hospital of the Harvard Medical School- Boston, MA, he works with the Texas Orthopaedic Associates with offices in both Dallas and Plano. If you have any further questions please feel free to utilize the educational material provided on Facebook or youtube.com or his office can be reached at 214-750-1207.

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