



“Doctor, where will I go after surgery?”

This is one of the most common questions asked by those facing hip or knee replacement surgery. The thought of returning home and managing things yourself can be a source of anxiety for you. You may have concerns about getting around in your home, preparing meals and bathing. Each of these concerns are valid, but in many cases people with hip and knee arthritis have struggled and compensated for their painful joints for so long that they may find themselves getting around significantly better very shortly after surgery. In the past, many people went directly from the hospital to an inpatient rehabilitation or skilled nursing facility after hip or knee replacement surgery. Interestingly, there are no studies that show these types of facilities actually lead to better outcomes.

In reality, the overwhelming majority of people are healthy and safe enough to go directly home rather quickly after hip or knee replacement surgery. Using different medications (many of which are not narcotics) to alleviate pain, also known as “multimodal pain management,” the pain is attacked from multiple directions. Early physical therapy and exercise also help with becoming more functional and independent rapidly after surgery.

From a recovery standpoint, **people who go directly home after surgery instead of a rehabilitation or skilled nursing facility often achieve a faster recovery (a bit shocking, but true)!** Additionally, there are lower risks of adverse events, such as infection, wound healing problems and readmission to the hospital if people go home, instead of to a rehabilitation center, after their hospital stay. It may be appropriate for a small percentage of patients to go to a rehabilitation center for safety concerns.

“What does this mean for me and my surgery?”

Research shows that the overwhelming majority of patients are able to safely return home after hip or knee replacement surgery. It is very important to discuss your home environment with your doctor and care team to formulate your optimal postoperative plan before you have surgery. Preparing your home before surgery for when you return after your surgery is a key step to success. This could include preparing meals in advance, placing supplies in easily accessible areas and removing clutter that could cause you to trip and fall. Most people can be confident that they will be able to return home after surgery and actually have a lower risk of complications by going directly home.

Summaries of Published Research

1. “Discharge to Inpatient Facilities After Total Hip Arthroplasty is Associated with Increased Postdischarge Morbidity.”

Authors: Michael C. Fu MD, MHS, Andre M. Samuel MD, Peter K. Sculco MD, Catherine H. MacLean, MD, PhD, Douglas E. Padgett MD, Alexander S. McLawhorn, MD, MBA.

Journal of Arthroplasty, 2017:32; S144-149.



In this study, a large database was used to evaluate the short-term outcomes of people who either went directly home or directly to a rehabilitation or skilled nursing facility after hip or knee replacement surgery. The authors studied patients who underwent hip replacement surgery from 2011-2014. In this study, nearly 75% of patients went directly home after surgery. Among the 54,837 people who had hip replacement surgery, 40,576 (74%) went home, and 14,261 (26%) went to an inpatient rehabilitation or skilled nursing facility.

Patients who went from the hospital directly to an inpatient facility after surgery were:

- 34 times more likely to have an infection
- 51 times more likely to develop a urinary tract infection
- 44 times more likely to be readmitted to the hospital
- 31 times more likely to have a problem with their wound
- 93 times more likely to have a respiratory complication

Another study quoted in the article reviewed the cases of 150,000 people who had hip replacement surgery. Those who had complications, blood transfusions and other health problems before surgery all went to skilled nursing facilities.

The authors also reviewed studies regarding worldwide trends towards where people went to recover after their hip replacement surgeries. In the United States, an average of 53% of patients went from the hospital to an inpatient facility, while in Japan the number was as high as 81%. In the United Kingdom, only three to six percent of patients went directly to an inpatient facility. The study concluded that **there is an association between complication rates and whether someone goes home or to an inpatient facility after hip replacement surgery.**

2. "Patients Living Alone Can Be Safely Discharged Directly Home After Total Joint Arthroplasty."

Authors: Andrew N. Fleischman, MD, Matthew S. Austin MD, James J. Purtill, MD, Javad Parvizi, MD, FRCS, William J. Hozack, MD.

Journal of Bone and Joint Surgery, 2018:100; 99-106.

This study observed 910 patients undergoing hip or knee replacement surgery for the first time; 874 patients (96%) went directly home while 36 patients (4%) went to a rehabilitation facility. The authors identified that 138 patients were living alone at the time they were ready to leave the hospital, and 631 patients were living with others (105 patients who chose not to participate were excluded from the study).

Patients living alone:

- More commonly stayed an additional night in the hospital
- Utilized more home health services
- Had no difference in complications
- Had no difference in unplanned medical visits such as to the emergency room

Additionally, there were no differences in outcomes or pain between the two groups. The authors concluded that **patients living alone could have a safe recovery in their own home after hip or knee replacement surgery.**



3. “Can We Reduce the Utilization of Home-Visiting Nurse Services After Primary Total Joint Arthroplasty?”

Authors: Danielle Y. Ponzio, MD, Andrew G. Park, MD, Suneel B. Bhat, MD, MPhil, James J. Purtill, MD.
Journal of Arthroplasty, 2016:21; S50-53.

This study reviewed 509 of one surgeon’s consecutive patients who had either hip or knee surgery. The study compared where they went to recover after surgery, how long they stayed in the hospital, complications that arose and patient satisfaction after surgery between the two groups. At the midpoint of the review, the surgeons changed their policy about where to send patients after surgery by eliminating home-visiting nurse services. The change in policy led to patients who had knee replacement surgery to start outpatient physical therapy immediately after they left the hospital and eliminated physical therapy completely for patients who had hip replacement surgery. The analysis included all patients six months prior to the change and six months after the change in policy; the study compared these two groups.

The study demonstrated:

- No increase in sending people to inpatient rehabilitation or skilled nursing facilities
- No difference in the rate of people having to be readmitted to the hospital, the rate of complications or the rate of having another operation between the two groups
- An increase in cost of the procedure for patients utilizing home-visiting nurse services
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The study is the first to evaluate patient outcomes, satisfaction and cost associated with those who had home-visiting nurse services compared to those who went home without services. **The study suggests that home-visiting nurse service is not necessary for all patients.**



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This article has been written and peer reviewed by the AAHKS Patient and Public Relations Committee and the AAHKS Evidence Based Medicine Committee. Links to these pages or content used from the articles must be given proper citation to the American Association of Hip and Knee Surgeons.

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