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Introduction

- This study aims to determine differences in short-term postoperative complications after undergoing Total Hip Arthroplasty, comparing patients with COPD to those without.
- The demand for Total Hip Arthroplasty has increased rapidly and continues to due to high success rates of this procedure and the growing aging population.
- Although COPD has been linked to negative postoperative outcomes across several surgeries, little has been investigated regarding postoperative complications in patients with COPD following a Total Hip Arthroplasty.



Figure 1- Patil, Sanjeev. Total Hip Replacement. glasgow-hipclinic.co.uk/hip-surgery/total-hip-arthroplasty/. Accessed 1 Apr. 2018.

Methods

- In total, 74,814 patients were included to analyze how COPD contributes to rates of postoperative complications in primary Total Hip Arthroplasty.
- Data was obtained from the National Surgical Quality Improvement Project Database (NSQIP) years 2005-2014, with readmission/reoperation data beginning in 2011. Total Hip Arthroplasty cases were selected out of the database using current procedural terminology (CPT) code 27130.
- Complications were stratified by operative complications, which are directly related to the surgical procedure, and nonoperative complications, which are not directly connected to the surgery.

Total Hip Arthroplasty: COPD and its Effect on **Postoperative Complications**

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Results

- The amount of overall complications in primary Total Hip Arthroplasty was 14,082. Out of the total 74,814, the complication rate from primary THA was found to be 18.82%.
- On multivariate analysis and after controlling for contributing comorbidities, COPD was found to be an independent predictor of: superficial surgical site infection (SSI), pneumonia, reintubation, failure to wean, urinary tract infection, needing a postoperative transfusion, and sepsis. COPD also independently predicted whether a patient would be discharged home or not.





Complication

Superficial SSI

Pneumonia

Re-intubation

Failure to Wean >4 Hours

> Urinary Tract Infection

Transfusion

Sepsis

Non-Home Discharge

- outcomes.

References: Gupta, Himani (06/2013). "Impact of COPD on postoperative outcomes: results from a national database.". Chest (0012-3692), 143 (6), 1599. Barnes, P. J. (07/2000). Chronic obstructive pulmonary disease. Massachusetts Medical Society.10.1056/NEJM200007273430407 Najafi M, Sheikhvatan M, Mortazavi SH. Do preoperative pulmonary function indices predict morbidity after coronary artery bypass surgery?. Ann Card Anaesth 2015;18:293-8



| S | Odds Ratio (95% CI) | P-Value |
|----|--------------------------|----------------|
| | 1.74 (1.24, 2.43) | 0.001 |
| | 3.69 (2.67, 5.10) | <0.001 |
| | 2.65 (1.69, 4.16) | <0.001 |
| 18 | 3.45 (1.89, 6.29) | <0.001 |
| | 1.46 (1.13, 1.90) | 0.004 |
| | 1.19 (1.07, 1.31) | 0.001 |
| | 1.97 (1.29, 3.01) | 0.002 |
| | 1.50 (1.37, 1.64) | <0.001 |

Discussion

Over 15 million people are diagnosed with COPD in the United States, and it is currently the third leading cause of death.

The purpose of the current study is to bring to a discussion the most common postoperative complications those with COPD face after a Total Hip Arthroplasty. This will help recognize surgery and patient specific risk factors that account for complications, and subsequently help target high-risk patients in efforts to reduce cost and improve patient care.

COPD is linked to poorer postoperative outcomes in our study, and as a result, higher health service costs.

Identifying complications that can arise following a Total Hip Arthroplasty COPD patient is a critical first step in targeting precise perioperative modifications to improve surgical

Additional research is needed to determine optimal practices for stratifying and mitigating these risks for patients.