



AB134. 36. Enhanced treatment: examining the clinical and cost implication of combined home care and day-case ankle fracture fixation

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Background: Ankle-fracture fixation has commonly been undertaken as an inpatient process due to swelling and pressured trauma-lists. In the UK there has been a move over the last 5 years to manage many trauma cases semi-electively and within the day case departments. We studied the impact of a home-therapy ankle pathway combined with day-case-surgery on the length-of-stay and safety of patients with ankle fractures at our major trauma center.

Methods: Patients were assessed over 12 months from January 2015 to December 2016. A group of patients assessed for home-therapy and day-case surgery were then discharged after a rapid-access theatre slot was determined. We compared two Weber B cohorts whom underwent fixation suitable for both day-case and inpatient care and

prospectively audited cases focusing on safety, efficacy and cost.

Results: One hundred and forty-three patients identified; 21 for home-therapy & day-case; 32 as inpatients. Time to inpatient surgery was 2.38 days (1–16 days); length of stay was 4.94 days (2–31 days). Home-care & day-case time to surgery was 5.8 days (2–7 days). Mean 1.5 hrs of operating time was required (59.3 min tourniquet time); day-case surgery is £228/patient cheaper than inpatient surgery. Efficiency based on 4.94 bed-day improvement is 158 bed-days a saving of £1,235/patient.

Conclusions: Home-therapy & day-case ankle fracture surgery is safe, valid and cost-effective in management of appropriate ankle-fractures. Pre-planned fixation supported flexibility outlining each treatment. Potential saving to health care providers is approximately £1,486/patient. At our Major Trauma Center, it reduced demand for beds; provided significant cost-savings and improved patient satisfaction.

Keywords: Ankle, trauma; home-therapy; cost-analysis

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