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The Impact of History of Gastric Bypass History on Discharge Destination Following Total Hip Arthroplasty

Introduction: Literature has implicated obesity as a risk factor for complications following total hip arthroplasty (THA). Gastric bypass surgery (GBS), a common intervention for obesity, may impact postoperative outcomes including institutional discharge disposition, leading to higher costs and resource utilization within the healthcare system. This study explores the relationship between history of gastric bypass surgery and ins discharge disposition among patients undergoing THA.

Methods: A retrospective cohort study of THA cases from the National Inpatient Sample database (2010-2021) was conducted. Patients were categorized based on a history of gastric bypass, with discharge destination (institution vs. home) defined as the primary outcome. Univariate analyses were performed to compare cohorts. Multivariable regression was used to adjust for demographics (age, sex, race/ethnicity, insurance status), baseline health status (smoking status, Charlson Comorbidity Index, inflammatory arthritis, osteoporosis, hip fracture), and surgical facility characteristics (hospital size, hospital location/teaching status, hospital ownership status).

Results: Of 819,733 cases fulfilling study inclusion criteria, 10,160 (1.24%) had a history of GBS. A high proportion of patients among both cohorts were 60-69 years old, female gender, and White race/ethnicity. Many procedures were performed in large, private non-profit, and urban teaching hospitals. Compared to patients without history of GBS, those with history of GBS had 1.26 higher (95% CI: 1.20-1.32, $p<0.001$) odds of discharge to an institutional facility.

Discussion and Conclusion: Patients with a history of gastric bypass are more likely to be discharged to rehabilitation facilities following THA. Future studies may help develop tailored perioperative management for this patient population.