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“TJA Patient demographics before and after COVID-19 elective surgery restrictions”

Background:

Total joint arthroplasty (TJA) includes total hip (THA) and total knee arthroplasty (TKA). In 2020, the COVID-19 pandemic caused cessation of non-emergent TJA operations between mid-March and April 2020. The purpose of this study is to analyze effects and potential disparities in access to care due to the COVID-19 restrictions.

Methods:

A database was used to examine demographics of patients undergoing TJA from May-December 2019 (Pre-COVID-19) and May-December 2020 (Post-COVID-19 restrictions). Categorical covariates were summarized by reporting counts and percentages and compared using Fisher exact tests. Continuous covariates were summarized by reporting means and standard deviations. Two-sample t-tests were used for continuous covariates. Equality of TJA counts by year were tested using a test of proportions.

Results:

There were more TJA procedures performed during the post-COVID-19 period in 2020 vs pre-COVID19 (1151 vs. 882, $p < .001$). There was an increase in the relative percentage of THAs vs. TKAs performed in 2020 vs 2019 (26.9% vs 18.8%, $p < .001$), and an increase in patients with Medicaid with a decrease in private insurance ($p = .043$). The average length of stay was shorter in 2020 with a greater percentage of TJAs performed outpatient ($p < .001$). There were no differences in patient sex, race, BMI, smoking status, or age between the two periods.

Conclusions:

A relative increase in THA procedures, an increase in patients with Medicaid and decrease in private insurance, and a decreased length of stay were seen post COVID-19 restrictions. These trends may reflect pandemic-related changes in insurance status as well as the growing shift to same-day discharge.