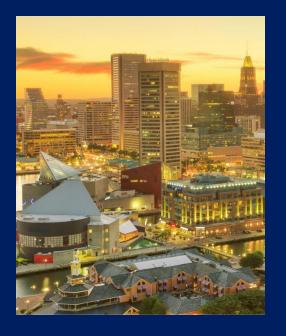


# Demographics and Comorbidities Associated with Increased 30-Day In-Hospital Mortality

After Shoulder Arthroplasty



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# Disclosures

#### • Dr. Weber:

- Paid Consultant for ProPharma, NDA Partners
- Editorial or Governing board of Archives of Orthopaedic And Trauma Surgery, Arthroscopy, Journal of Shoulder and Elbow Surgery, SLACK Incorporated
- Board of Directors member for AAOS, Arthroscopy Association of North America, International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine
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#### Dr. McFarland

Disclosures are available at the AAOS website.



### Introduction

• Total shoulder arthroplasty (TSA) is a reliable treatment for degenerative shoulder disease, with growing utilization, especially in reverse TSA (rTSA).<sup>1</sup>

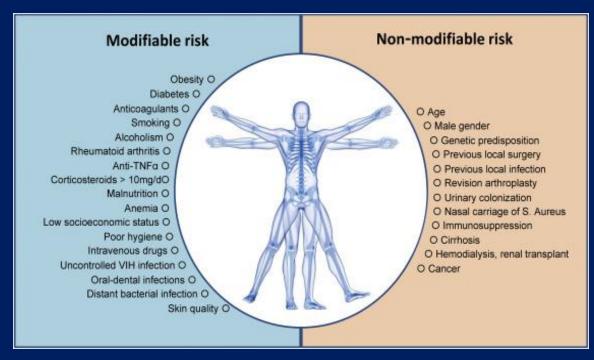
• Between 2012 and 2017, rTSA cases increased from 23,000 to 63,000, and TSA cases are projected to reach 175,000 by 2030.<sup>2</sup>

# Introduction

 Patients and referring physicians seek data on morbidity and mortality to make informed decisions.<sup>3</sup>

• Prior studies estimate in-hospital death after TSA between 0%-0.09%, but they have limitations in data quality and generalizability.<sup>4,5</sup>

# Purpose/ Hypothesis

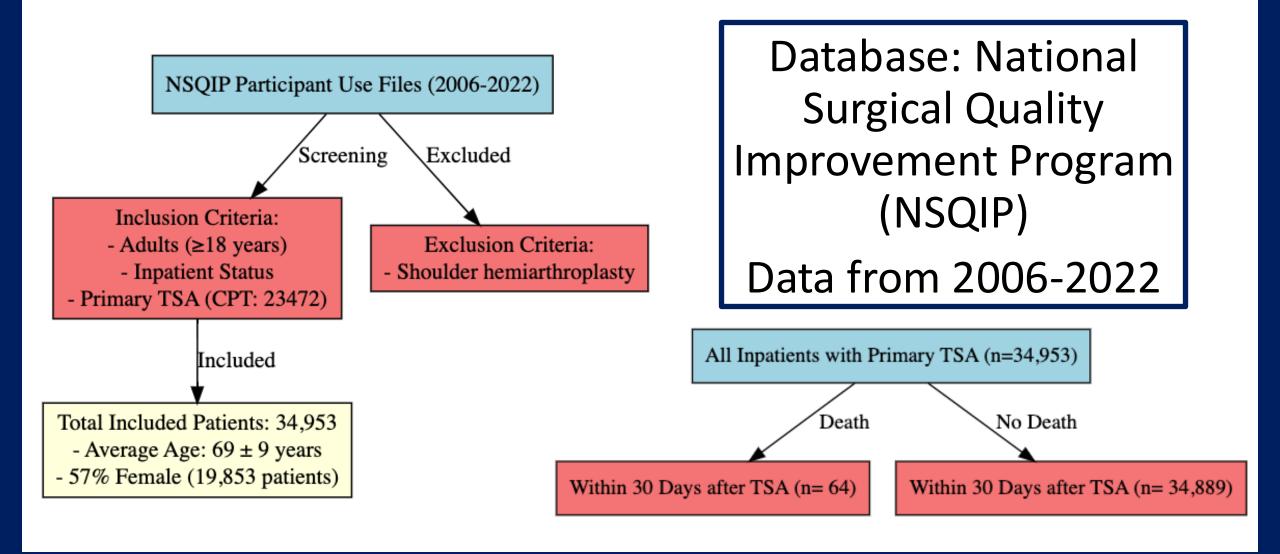


Evaluate the incidence and patient factors associated with inpatient death in the first 30 days after TSA.

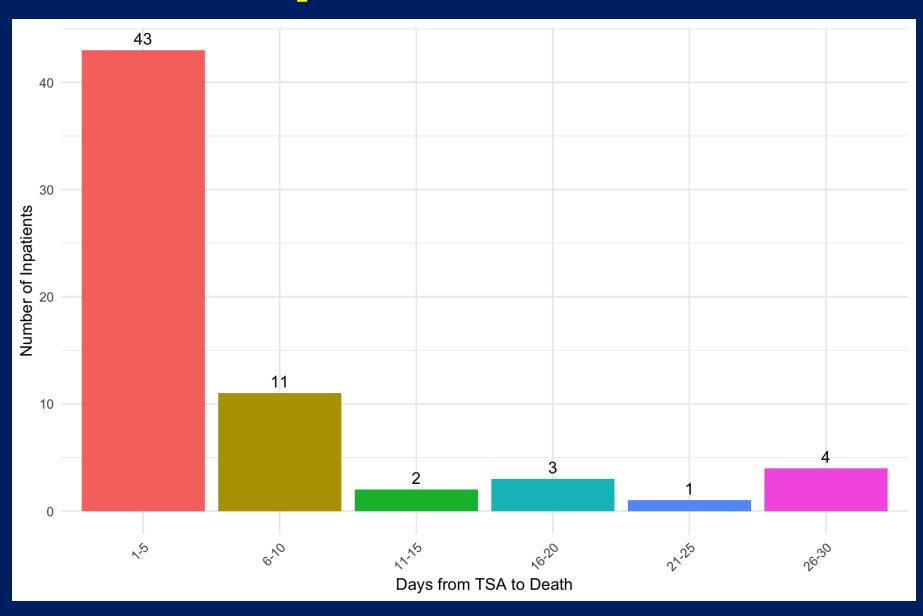


Support informed decisionmaking for patients considering TSA.

# **Materials and Methods**



# Results: Inpatient Death Cohort



# Results: Multivariate Analysis

Variable	OR (95% CI)	P
Age	1.10 (1.02, 1.1)	.001
BMI Value	0.9 (0.9, 0.98)	.003
Diabetes	2.4 (1.4, 4.2)	.002
Heart failure	5.4 (2.2, 13)	<.001
Immunosuppressive therapy	2.3 (1.1, 5.0)	.029

# Conclusion

• Implement early interventions and close monitoring, especially for older adults with these risk factors.

 Update clinical guidelines to reflect current risk factors, improving TSA care quality and outcomes.

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