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APPENDIX:

Search Terminology:

The following search terms were used: outpatient, ambulatory surgical procedure, same-day discharge, early discharge paired with total shoulder arthroplasty or total shoulder replacement. All published works were included with regard to outpatient shoulder arthroplasty including conference abstracts, presentations, manuscripts, and reviews. Articles written in English were included. Duplicate articles were excluded, and the remaining studies were screened by title, abstract, and then full text by each reviewer. Any discordant articles were handled by a third independent reviewer who made the final decision for inclusion. Study authors were contacted for any article in which full text could not be located.

Perioperative Technique

Of the original studies that reported surgical details, 7 performed a deltopectoral approach and 4 reported beachchair positioning. Regarding subscapularis management, 4 studies performed a tenotomy, 2 performed a peel, and no study performed an osteotomy. Two studies mentioned the specific management of the biceps tendon, and both performed a tenodesis during the surgical procedure. One study utilized tranexamic acid where both IV and topical tranexamic were used depending on medical history. Two studies mentioned drain usage, but their utilization was unclear, and one study specifically mentioned not utilizing a drain. Two studies performed an intra-articular or periarticular injection. Brolin et al and Walters et al described a periarticular injection of liposomal bupivacaine, bupivacaine with epinephrine, and ketorolac into the deltoid, pectoralis major, and soft tissues around the incision, although they did not specify quantity or concentrations of the injection. Walters et al utilized the peri-articular block only if the patient did not request an interscalene block. The 7 database or registry studies, 4 anesthesia studies, 2 review articles, 1 survey, 1 instructional course lecture, and 1 economic analysis provided limited or no information regarding surgical techniques.

Eleven original studies performed arthroplasty under general anesthesia, and ten studies described utilizing a block for regional anesthesia. Five studies utilized a continuous block while another 5 studies performed a single injection. Eight studies described their prescribed postoperative pain regimen. Of these studies, 7 utilized multimodal anesthesia. The most commonly prescribed postoperative medication was oral opioids, followed by acetaminophen, NSAIDs (specifically celecoxib), and gabapentin, respectively.