

## Introduction

- Unplanned office visits in the postoperative period can be burdensome to the patient and provider
- Common soft tissue hand surgeries are generally effective and safe, and a single postoperative visit for suture removal is often sufficient
- Any additional follow-up visits for common hand procedures can be planned if necessary, but returning to the office for an unplanned office visit is inconvenient and stressful for the patient, and places financial strain on the provider and practice
- The purpose of this study was to quantify the rate of unplanned office visits after common soft tissue hand surgical procedures, and assess the factors contributing to such visits
- We hypothesized that wound complications would account for most unplanned visits, and that there would be no difference in the rates of unplanned visits among common hand surgical procedures

## Materials and Methods

- Retrospective review of patients that underwent trigger finger release (TFR), open carpal tunnel release (CTR), endoscopic CTR, and De Quervain's release over a 6 month period
- Manual chart review was performed to record patient demographics, unplanned visits within 3 months postoperatively, and specific reasons for unplanned visits. A total of 1648 postoperative follow-up visits in 1224 patients were included in analysis.
- Billing codes (CPT code 99024) were reviewed to identify patients who had more than 1 postoperative visit
- Each clinical progress note was reviewed to identify whether the follow-up visit was planned or unplanned, noting the reason for the additional visit

## Results

**Table 1.** Demographics.

Variable	All patients	Patients with unplanned visits	Patients with no unplanned visits	P value
N	1224	82	1142	
Age (SD)	62.6 (13.7)	61.6 (14.4)	62.6 (13.6)	.51
Sex				.06
Male (%)	464 (37.9)	23 (28.0)	441 (38.6)	
Female (%)	760 (62.1)	59 (72.0)	701 (61.4)	
Hypertension (%)	497 (40.6)	30 (36.6)	467 (40.9)	.04
Diabetes (%)	235 (19.2)	17 (20.7)	218 (19.1)	.72
Smoking (%)	379 (31.0)	28 (34.1)	351 (30.7)	.26

## Results (cont.)

- Within 3 months of surgery, 6.3% (103/1648) of postoperative visits were found to be unplanned
- There was no difference in the rate of unplanned visits among the included surgeries (P = .46)
- The most common reasons for an unplanned office visit overall were wound problems (34%), pain (23.3%), and stiffness (17.5%)
- The TFR group had significantly more patients return to the office for stiffness (P = .01), the De Quervain release group had significantly more patients return for pain (P = .02), and the carpal tunnel release group had significantly more patients return for persistent symptoms (P < .05)

**Table 2.** Unplanned Postoperative Office Visits.

Procedure	Total patients	Patients with an unplanned visit (%)	Total office visits	No. of unplanned visits (%)
TFR	445	31 (6.97)	620	39 (6.29)
Open CTR	521	29 (5.57)	684	37 (5.41)
Endoscopic CTR	186	17 (9.14)	242	18 (7.44)
De Quervain	72	5 (6.94)	102	9 (8.82)
<b>Total</b>	<b>1224</b>	<b>82 (6.70)</b>	<b>1648</b>	<b>103 (6.25)</b>
P value		.41		.46

**Table 3.** Reason for Unplanned Postoperative Office Visits.

Procedure	Total unplanned visits	Pain (%)	Paresthesia (%)	Stiffness (%)	Wound problems (%)	Infection (%)	Persistent symptoms (%)	Recurrent symptoms (%)	Swelling (%)	Fibrous nodules (%)	New ganglion cyst (%)
TFR	39	7 (17.9)	0	13 (33.3)	13 (33.3)	2 (5.1)	0	3 (7.7)	2 (5.1)	2 (5.1)	0
Open CTR	37	7 (18.9)	1 (2.7)	3 (8.1)	16 (43.2)	5 (13.5)	6 (16.2)	0	0	1 (2.7)	1 (2.7)
Endoscopic CTR	18	4 (22.2)	1 (5.6)	1 (5.6)	4 (22.2)	4 (22.2)	2 (11.1)	0	2 (11.1)	0	0
De Quervain	9	6 (66.7)	1 (11.1)	1 (11.1)	2 (22.2)	0	0	0	0	0	0
<b>Total</b>	<b>103</b>	<b>24 (23.3)</b>	<b>3 (2.9)</b>	<b>18 (17.5)</b>	<b>35 (34.0)</b>	<b>11 (10.7)</b>	<b>8 (7.8)</b>	<b>3 (2.9)</b>	<b>4 (3.9)</b>	<b>3 (2.9)</b>	<b>1 (1.0)</b>
P value		.02	.29	.01	.38	.16	<.05	.17	.21	.68	.62

## Conclusion

- Unplanned office visits represented about 1 of 16 postoperative visits
- Orthopedic surgeons should be aware of the most common reasons for these visits and be prepared to address these problems promptly
- Preoperative patient education on these potential problems may help decrease the frequency of unplanned follow-up visits.