



## Editorial

## Kaizen

Each year marks a new beginning. Kaizen is the concept of continuous improvement, commonly attributed to the Toyota corporation. It can occur on the spot or in bursts of specific steps to eliminate waste or inefficiency, for optimization of production. As I reflect on the evolution of *Arthroplasty Today*, it has been an experience in Kaizen from the outset. We have drastically improved the quality of our journal, from top to bottom. Thanks to the excellent work of our team and Elsevier, we have streamlined the process from submission to decision, which continues to decline. Our proofing and typesetting are typically now essentially error-free, despite a significant uptick in submissions. We have transitioned to an article numbering format, for ease of citation. We continue to diversify our board and reviewer pool, garner substantially more citations, and are now being considered for Clarivate indexing. It's been a team effort and a fulfilling growth experience for me. It was serendipitous and remains humbling daily.

We have a number of upcoming meetings, including the American Academy of Orthopaedic Surgeons Annual Meeting in Las Vegas in March and the American Association of Hip and Knee Surgeons Spring Meeting in Chicago in May. I hope you plan to attend for the learning and networking opportunities both events provide. Thanks to the hardworking volunteer program committee members, faculty, presenters, and the society staff, who do a tremendous job of putting together enriching and interactive programs for us.

This issue is chock-full of interesting articles. Pathak et al. found, in a database review, a 0.12% incidence of postoperative hematoma, with a relative risk of subsequent periprosthetic joint infection of 21.6 compared to patients without this complication [1]. Rosenberg et al. report a case series of patients with a left ventricular assist

device undergoing arthroplasty, highlighting the risks involved and the importance of multidisciplinary care [2]. Holbert et al. report a narrowing of racial disparities in arthroplasty between 2013 and 2021, with improvements in length of stay and home discharge over this period [3]. Take time to read, share with colleagues, and consider areas of future study.

I look forward to the coming year of continuous Kaizen and am grateful for the unwavering support of all the dedicated people who are part of the journey.

## Conflicts of interest

Dr. Golladay receives royalties from Stryker, Inc.; receives financial or material support from American Association of Hip and Knee Surgeons (AAHKS); is in the editorial or governing board of *Arthroplasty Today* and *Journal of Arthroplasty*; and is a member of the AAHKS Publications Committee and Virginia Orthopaedic Society.

For full disclosure statements refer to [doi:10.1016/j.artd.2023.101102](https://doi.org/10.1016/j.artd.2023.101102).

## References

- [1] Pathak N, Bovonratwet P, Purtill JJ, Bernstein JA, Golden M, Grauer JN, et al. Incidence, risk factors, and subsequent complications of postoperative hematomas requiring reoperation after primary total Hip arthroplasty. *Arthroplasty Today* 2022.
- [2] Rosenberg JH, Garvin KL, Hartman CW, Konigsberg BS. Total joint arthroplasty in patients with an implanted left ventricular assist device. *Arthroplasty Today* 2023;19:101005.
- [3] Holbert SE, Brennan JC, Johnson AH, MacDonald JH, Turcotte JJ, King PJ. Racial disparities in outcomes of total joint arthroplasty at a single institution: have we made progress? *Arthroplasty Today* 2023;19:101059.