



# Orthopedic & Fracture Clinic

ESTABLISHED 1933

## Orthopaedic & Fracture Clinic/ St. Vincent Hospital & Medical Center

### Accelerated Total Joint Arthroplasty Critical Hip & Knee Pathway Portland, Oregon

#### Goal

The purpose of a critical total joint pathway is to improve the patient's hospital experience and to promote early and rapid rehabilitation. Rapid mobilization decreases the risk of blood clots. Early discharge home rather than to a rehabilitation center allows the patient to return to a safer environment with less exposure to a mythically resistant staphylococcus organism which is more difficult to treat.

#### Preoperative Protocol

Instruction:

All patients attend a total joint class for total hip arthroplasty to discuss the pathway and total hip precautions. All patients receiving a total knee arthroplasty are instructed in rehabilitation and have physical therapy postoperatively.

Medication:

Celebrex 400mg the day of surgery (contraindicated if sulfa allergy, Cr > 1.5)

Oxycontin 20 mg the day of surgery

Zofran and Reglan preoperatively

#### Intraoperative Protocol

Anesthesia:

Patients receive a short-acting marcaine only spinal anesthetic. Avoid all spinal opiates to avoid nausea, vomiting, and promote early PT & OT. Knee patients receive a femoral nerve block. All patients receive a local anesthetic of .25% marcaine with epinephrine. Foley catheters are not inserted.



## Surgical Procedure:

Patients receive a minimally invasive surgical approach with specialized instrumentation to facilitate less soft tissue damage and promote a quicker recovery.

## Post Operative Protocol

### Medication:

Patients receive short acting Fentanyl analgesia in the recovery room. Avoidance of PCA and IV analgesia is a critical part of this postoperative protocol. Oxycontin if necessary and Oxycodone and Tylenol are given on a scheduled basis. Celebrex 400 mg per day is given for 10 days postoperatively. Patients older than 80 years of age are given Tylenol # 3 and Ultram on a scheduled basis.

## PT & OT Protocol

Patients are mobilized immediately postoperatively when the spinal anesthetic has worn off. Patients are encouraged to weight bear as tolerated and discharged as soon as they clear the physical therapy protocol and are independent in stair climbing. Most total hip arthroplasty patients are discharged within the first postoperative day. Total knee patients are discharged either on the first or second postoperative day. Postoperative total hip patients generally do not require physical therapy while total knee patients require aggressive physical therapy on an outpatient basis.

### DVT Prophylaxis:

Spinal anesthetic, rapid mobilization, calf high compression stockings in THA patients and thigh high compression stockings in TKA patients, pneumatic compression foot pumps and 325 mg of ASA per day for three months is the DVT protocol.