

AMBULATORY SURGERY

arthroplasty (THA & TKA) pathway

Verso la Chirurgia
Ortopedica
Ambulatoriale

MILANO
7-8 Giugno 2019

Thierry DE POLIGNAC, MD

Clinique Generale
ANNECY - FRANCE

ERAS Enhanced Recovery After Surgery

principles



The most dangerous phrase
in the language is

«we've always done it this way»

ERAS origin

- the concept was first described and promoted
- by Henrik Kehlet in Denmark
- in 1995
- originally for patients following colonic surgery



Principles centred on a multimodal program :

- to optimise every step of patient pathway
- to reduce post-operative pain
- to accelerate rehabilitation
- to reduce complications and adverse events

Promoting the Patient
as an Active
Participant

Multi-disciplinary
Team
Multimodal pathway

Pre, Intra and Post-operative



Speeding up patient recovery

Reducing length of hospital stay

Improving patient satisfaction and outcomes

« Conventional pathway »

PROCESS = **STATIC - BINOMIAL** (surgeon-anaesthetist)

centred on the surgical intervention

	surgeon anaesthetist	?	nurse physiotherapist
Pre-operative	consultations	?	?
Intra-operative	surgical intervention	?	nurse
Post-operative	follow-up	?	nurse physiotherapist

« Conventional pathway »



« **DON'T
WORRY**

**YOU
WILL GET
BETTER »**

« ERAS and OUT-PATIENT pathway »

PROCESS = **DYNAMIC - MULTI-DISCIPLINARY** (+ nurse physio secretary)

promoting the **PATIENT** as an **Active Participant**

	surgeon anaesthetist	patient	nurse physiotherapist
Pre-operative	consultations leaflet prescriptions	preparation	education counselling
Intra-operative	surgical Intervention	less anxiety	nurse
Post-operative	personalized follow-up	enhanced recovery	nurse phone call physiotherapist

« ERAS and OUT-PATIENT pathway »

**Childbirth
Education**



**Intervention
Education**



« ERAS and OUT-PATIENT pathway »

Together
Everyone
Achieves
More

I WON'T DO IT
I CAN'T DO IT
I WANT TO DO IT
HOW DO I DO IT?
I'LL TRY TO DO IT
I CAN DO IT
I WILL DO IT
Yes, I did it!

WHICH STEP HAVE YOU REACHED TODAY?

ERAS « step by step »



PATIENT prepared, informed, educated, implicated **BEFORE SURGERY**

Step 1

**Surgeon
consultation**

**Information
leaflet**

Prescriptions

Discharge planning

Admission



Step 2

**Anaesthetist
consultation**

**Educational session
with Nurse**

**Education session + Prehabilitation
with Physio**

+/- Osteopath

+/- Hypnotherapist

PATIENT prepared, informed, educated, implicated **BEFORE SURGERY**



**Educational session
with the Nurse**



PATIENT prepared, informed, educated, implicated **BEFORE SURGERY**



**Educational session
+ Prehabilitation
with the Physiotherapist**



PATIENT prepared, informed, educated, implicated **BEFORE SURGERY**

Step 1

**Surgeon
consultation**

**Information
leaflet**

Ordinances

Discharge planning

Admission



Step 2

**Anaesthetist
consultation**

**Educational session
with Nurse**

**Education session
with Physio**

Step 3

Purchase : medication, dressing, crutches, ice-splint

Schedule : post-operative appointments (nurse - physio)

step 4

Patient admitted on the day of surgery by an organised team

Minimise waiting time before going to the theatre

PATIENT in optimized conditions for the beginning of the surgery

Patient

Reassured

Admitted the day of surgery

Pre-med becomes useless

Patient «walking » to the OR



« new »

PRE-OP FASTING

* 6 hours
for solids

* 2 hours
for clear liquids



Corticoids flash at anaesthetic induction
dexamethasone 0,2mg/kg

1g IV tranexamic acid for THA and TKA

ENHANCED RECOVERY AFTER SURGERY

Promotion of a « wellness » model of care
within 2-4 hours after surgery

« DEMEDICALIZATION »

No drain

Drip early removed

(2 hours = recovery room)

Oral medication

Drinking and eating (2-4 hours)

Dressing (2-4 hours)



ENHANCED RECOVERY AFTER SURGERY

ICE & compression Hip and Knee

Cryotherapy-Compression

Dynamic intermittent compression
within 2 hours (recovery room)

Cryotherapy-Compression

Manual splint
within 2 weeks



EARLY AMBULATION 4 hours after surgery

Optimization

No femoral block

No drain

No drip



Patient

Implicated

Educated

Motivated

Confident

Accompanied

Reasonably painfree

Early ambulation

As learned during the Pre-op Education session with the physio

Full weight-bearing with or without crutches

PATIENTS are discharged HOME

**Criteria-based
discharged protocol**
by the team

**Family member
or friend**
to collect the patient
from the unit



Follow up
phone call
to the patient
Day 1 and Day 7
+ e-medicine

Consultation
with surgeon
Day 30

Rehabilitation

Patient has clear instructions to progress independently

« DO OFTEN A LITTLE is the key »

If any problem ?

Contact numbers (in the information leaflet)

Surgical Techniques



Total Hip Arthroplasty

general anaesthetic > spinal

MINIMALLY INVASIVE

DIRECT ANTERIOR APPROACH

NO MUSCULAR CUT

60-75 minutes

LOCAL INFILTRATION ANALGESIA

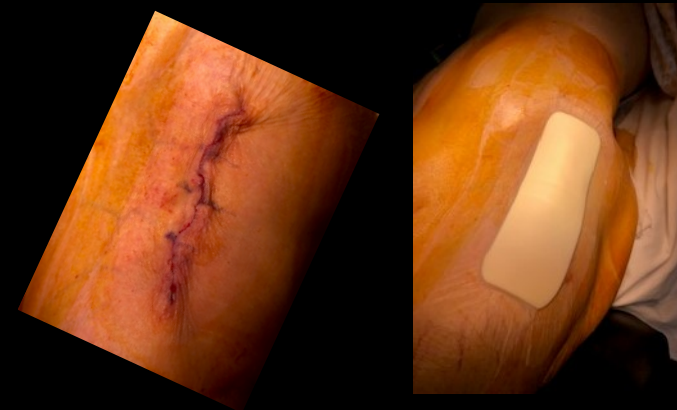
Ropivacaïne 7,5m/ml : 2 x 20 ml

+ 1g tranexamic acid

No DRAIN

glue & hydrocolloid dressing

ICE



THA
Out-Patient



Total Knee Arthroplasty

general anaesthetic / spinal - *no femoral block*

No TOURNIQUET

60-75 minutes

LOCAL INFILTRATION ANALGESIA

Ropivacaine 7,5m/ml : 2 x 20 ml
+ 1g tranexamic acid

No DRAIN

glue & hydrocolloid dressing

ICE & compression



TKA
Out-Patient



TKA
Out-Patient



Conclusion



ECONOMIC SAVINGS

ENHANCED RECOVERY

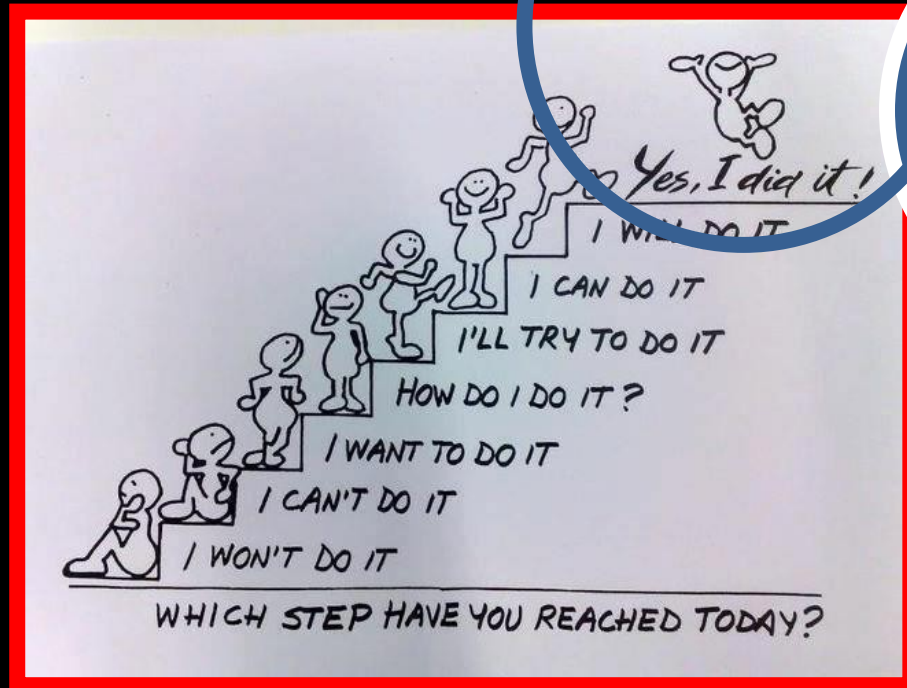


MOTIVATED TEAM

Improved TEAM SATISFACTION

ACTIVE PATIENT

Improved PATIENT SATISFACTION and OUTCOMES





www.annecyambulatorysurgery.com