

Enhanced Recovery Programme

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Consultant Orthopaedic Surgeon

Aim

Improve patient care and experience

Good analgesia

Minimal GI problems

Minimal complications (Surgical & General)

Early discharge

Good mobility

Where does it start and where does it go?

- Patient
- GP
- Pre-assessment – Physio and nurse
- Surgeon/Anaesthetist
- Ward staff
- Patient

Philosophy

- Positive approach from the start
- Patient and home support team pre-prepared
- Clear understanding of the whole process
- Emphasis on early and safe mobility
- Encourage the patient to “lead”

Patient

- Aware and requesting the procedure
- Word of mouth and media
- Defined admission date and defined discharge date
- Home support in place when needed

GP

- Aware of the process
- Pre-prepares patient for process – Co-morbidities, smoking, bowels etc
- Pre-prepares home support
- NOT RAPID DISCHARGE

Pre-assessment – Physio and Nurse input

- Positive approach
- Point of contact for patient
- Deal with any issues – Pain, smoking, bowels etc
- Prepare for appropriate mobility
- Pre-op exercise programme

Anaesthetic

- Single shot spinal
- Propofol
- **Tranexamic acid and intra-operative re-transfusion**
- IV Abx
- Ondansetron
- IV Fluids to 1 Lit intra-op

Operative Technique

Standard procedure

- A/lat approach, supine
- Mini-incision
- Preservation of Glut Medius

Obese patients

- Posterior approach

TO DRAIN OR NOT TO DRAIN??

Mini Incision

- 2 cms greater than cup
- 10 cms or less
- Minimal disturbance to soft tissues
- Berger – Chicago (Dual incision)
- AMIS

Mini- Incision THRs

Advantages

- Less soft tissue disruption
- Quicker rehabilitation
- Less blood loss

Disadvantages

- Less visualisation
- Risk of complications



Indications for Mini Incision THRs

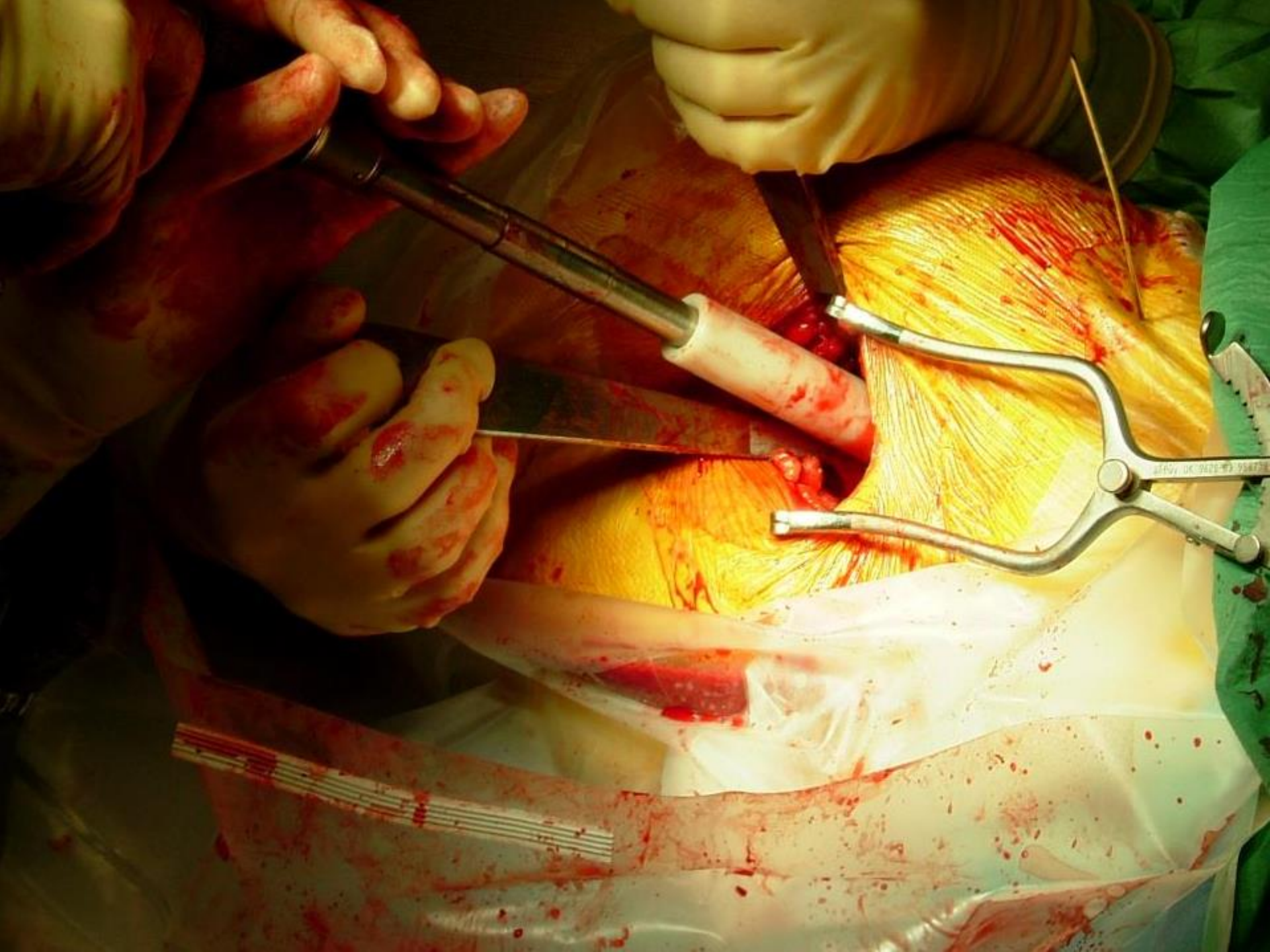
- Not overweight patient
- Good bone
- “Normal” arthritic hip joint
- Not bilaterals?
- 95%



Antero-lateral approach

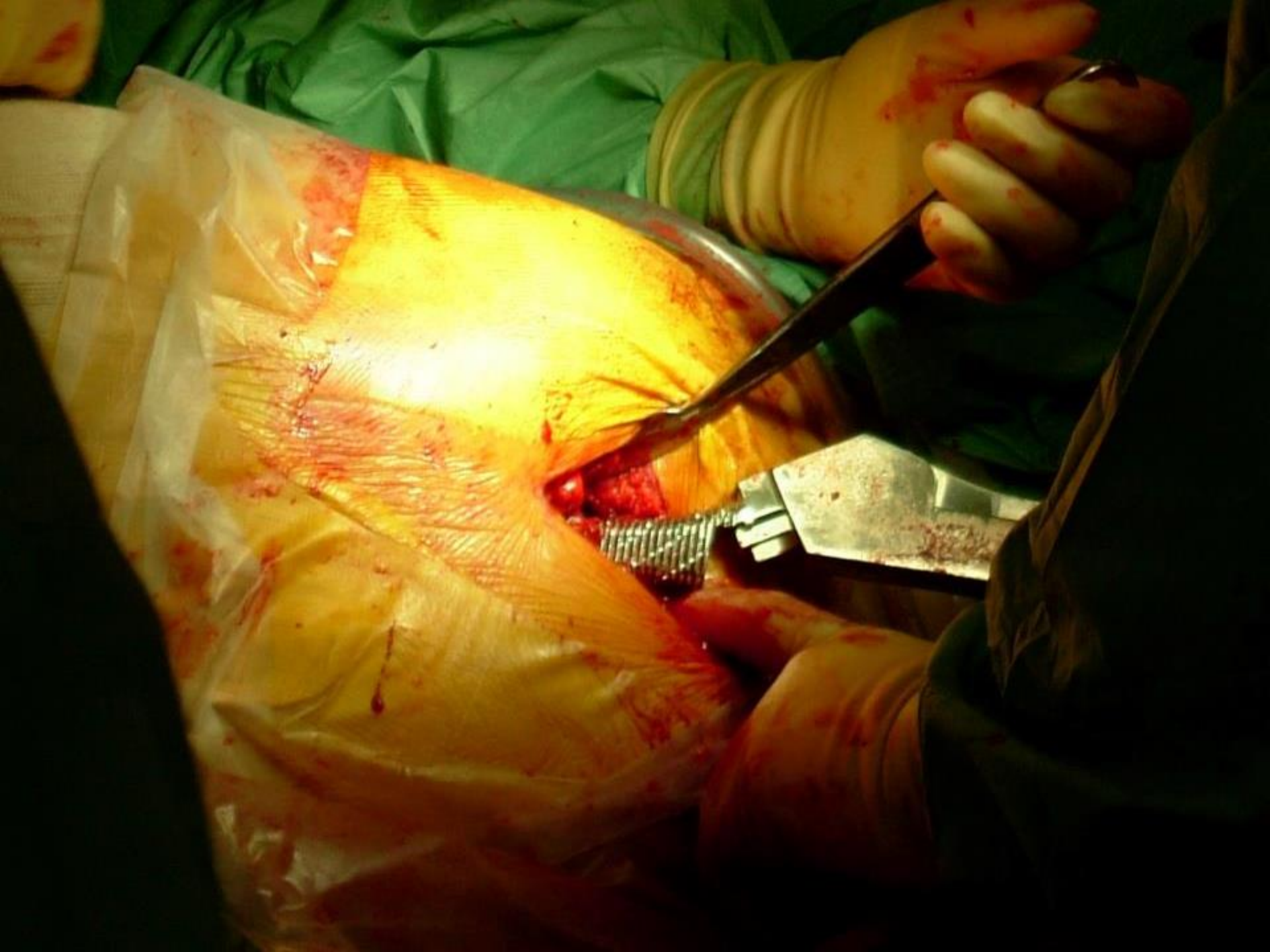
- Preserve Glut Medius
- Leg length
- Cup orientation
- Stability













Post-operative (Ward)

- Early mobility
- Self management – exercise programme and mobility
- Catheter – In/Out
- Avoid bed pans

THERE IS NO BETTER FEELING THAN
FEELING NORMAL

Ward (Physio & Nurse Lead)

- Self mobility
- Positive feedback
- Act quickly where needed
- Re-assure re point of contact
- Inform Consultant of any problems after discharge
- Contact telephone for follow up

Enhanced Recovery

Thanks to

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For leading this project

THANK YOU