

Thoroughbred Anesthesia Academy

Enhanced Recovery Pathway: Total Knee Arthroplasty



THOROUGHbred
ANESTHESIA ACADEMY

John M. Edwards III, MS, CRNA

Stace D. Dollar, MS, CRNA

ThoroughbredAnesAcad@gmail.com

thoroughbredanesthesiaacademy.com

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Preoperative Multimodal Protocol

- Acetaminophen 1000mg PO
- Pregabalin 75mg PO
- Meloxicam 15mg PO
- Carbohydrate Drink the morning of surgery
- Clear liquids allowed up to 2 hours prior to surgery

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Intraoperative Protocol

- Spinal Anesthetic
- Light Propofol Sedation
- Failed Memory Screening: No Sedation
- Music Therapy
- Avoid/Minimize Opioids and Benzodiazepines
- Dexamethasone 4-8mg
- Zofran 4mg
- Posterior Capsule Injection by surgeon or IPACK block by Acute Pain Service
- Tranexamic Acid 10mg/kg X 2 doses

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Postoperative Protocol

- Acetaminophen 650mg PO Q6hours
- Meloxicam 15mg PO Daily
- Adductor Canal Catheter (placed in PACU) Infusion at 10-12 ml/hr with bolus available
- Oxycodone 5-10mg PO Q4H PRN
- Hydromorphone 0.3-0.5mg IV Q2H PRN
- Ambulate with Physical Therapy on day of surgery
- Daily Rounding by the Acute Pain Service
- Acute Pain Service available by phone for questions by the orthopedic floor nurses, physical therapy and surgeon

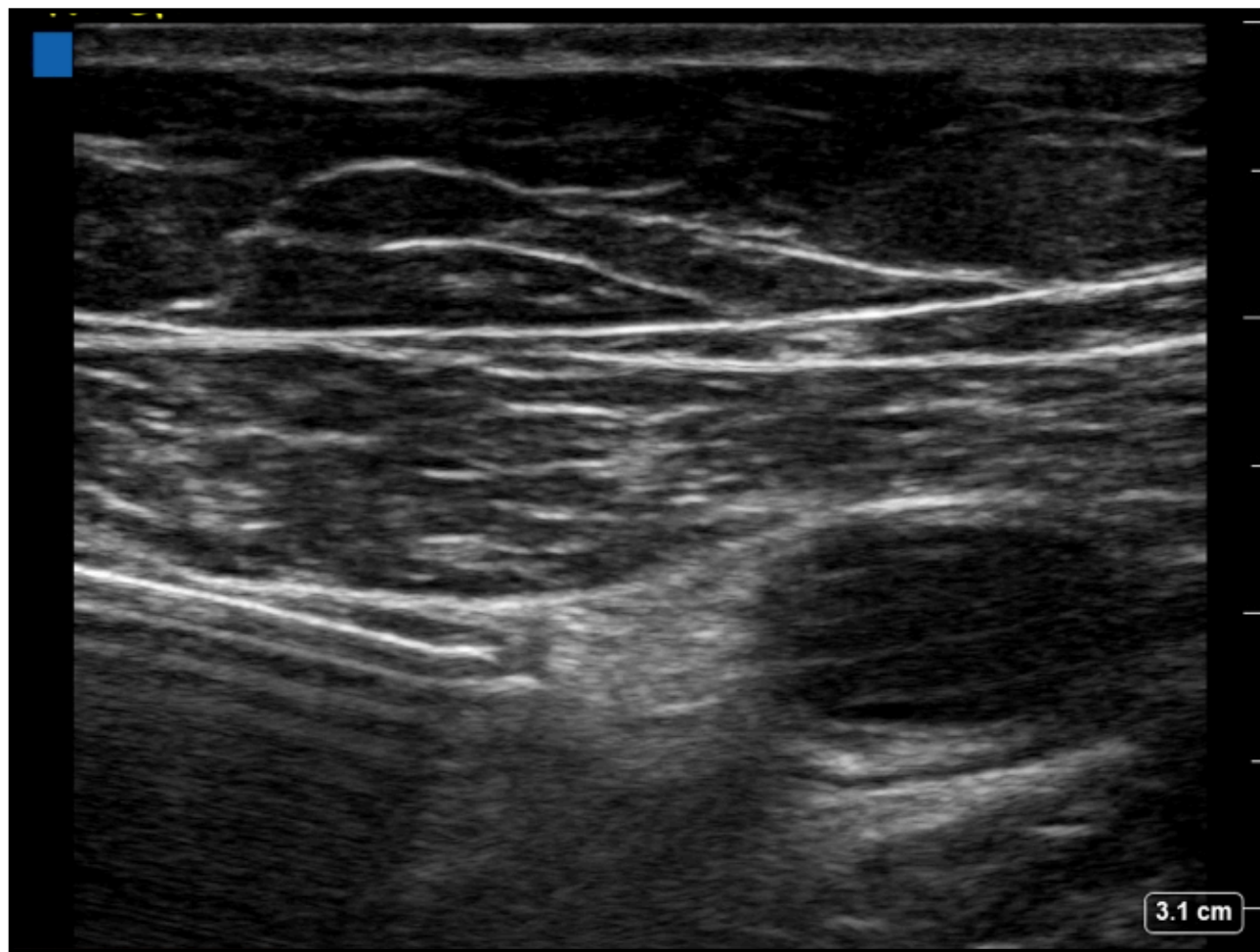
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Beyond Discharge Protocol

- Patient sent home/rehab with disposable infusion pump and adductor canal catheter
- Provide educational demonstration and printed educational materials related to care of Adductor Canal Catheter at home
- Allow patients to contact on call provider 24/7
- Call patients daily at home while Adductor Canal Catheter is in place
- Adductor Canal Catheter removed by patient at home when infusion is complete

Adductor Canal Catheter Placement

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- Needle must be below the sartorius fascia
- Advance needle into the adductor canal (9 O'clock to the artery)
- Marcaine 0.25% 20ml
- Place catheter over the artery but below fascia of sartorius muscle
- Visualize spread of local via catheter directly over and lateral to artery

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Adductor Canal Catheter Infusion Parameters

- Ropivacaine 0.2%
- Initial infusion started at 12ml/hr
- For VAS>7 increase pump to 16ml/hr for 2 hours “slow bolus”
- Return to original rate after 2 hour “slow bolus”
- If patient experiences excessive quad weakness or inability to do a straight leg raise, place knee immobilizer, turn pump down to 8ml/hr, and call Acute Pain Service

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Who Do You Need To Collaborate With?

- Orthopedic Surgeon
- Acute Pain Service Staff
- Hospitalist
- Preoperative Staff
- Intraoperative Staff
- PACU Staff
- Physical Therapy
- Orthopedic Floor Nursing Staff
- Case Management/Discharge Planning Staff

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Questions?



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