

ENHANCED RECOVERY HIP AND KNEE REPLACEMENT (JUNE 2022)

POSTOPERATIVE GUIDE FOR WARD STAFF

▶ NURSING CARE

- Routine observations: every 30 mins for 2 hours, then
- Hourly for 2 hours, then
- 2 hourly for 2 hours and then
- 4 hourly thereafter, or more frequently if condition warrants.
- Oxygen only if SaO₂ persistently <94% during day. Give O₂ via nasal specs to all patients at night.
- Encourage early eating and drinking.
- May stand and transfer bed to chair or bed to commode after assessment by Physio or Nursing staff

▶ IV FLUIDS

- No routine IV fluid unless bleeding or other clinical reason.
- Encourage patient to eat and drink within 24hrs.

▶ HYPOTENSION

- **IMMEDIATE POST-OP PERIOD:** Treat hypotension with a single bolus of Sodium Chloride 0.9% Solution 500ml. If hypotension persists - call anaesthetist / orthopaedic doctor to review. No routine IV fluid unless bleeding or other clinical reason.
- **HYPOTENSION ON STANDING/MOBILISING:** Some dizziness or hypotension is common when first mobilized after a spinal anaesthetic and usually resolves with no treatment. Encourage oral fluid intake. Stand up slowly with adequate support. If severe treat with a single bolus Sodium Chloride 0.9% Solution 500ml. If hypotension persists despite these measures, then call orthopaedic doctor to review.

▶ DVT PROPHYLAXIS

- **TOTAL HIP REPLACEMENT: Apixaban 2.5mg BD PO** for 32 days
If wound is closed 08:00 - 20:00, first dose of Apixaban to be given at 06:00 the next day
If wound is closed after 20:00, first dose of Apixaban to be given at 18:00 the next day
- For patients already on anti-platelet therapy, offer **Apixaban 2.5mg BD PO** for 32 days along with their antiplatelet and **Lansoprazole 30mg OD PO** (PPI to be prescribed for the duration of thromboprophylaxis)
- **TOTAL KNEE REPLACEMENT: Apixaban 2.5mg BD PO** for 10 days
If wound is closed 08:00 - 20:00, first dose of Apixaban to be given at 06:00 the next day
If wound is closed after 20:00, first dose of Apixaban to be given at 18:00 the next day
- For patients already on anti-platelet therapy, offer **Apixaban 2.5mg BD PO** for 10 days along with their antiplatelet and **Lansoprazole 30mg OD OD** (PPI to be prescribed for the duration of thromboprophylaxis)

▶ URINE OUTPUT

- Most patients will not have a catheter and should be able to pass urine once the spinal has worn off. This may be assisted with mobilization / standing.
- <5% of patients develop post-op urinary retention. If they have not passed urine for 12 hours, report discomfort, or have a residual volume >500ml on bladder scan, then they may require catheterisation. Please ask orthopaedic doctor to review.

▶ BLOOD TESTS AND TRANSFUSION

- No need to check bloods on day of surgery unless large blood loss/other clinical need.
- Check FBC & U+E at 0600 of morning following surgery.
- If Hb **less than 100g/dl** and the patient is symptomatic of anaemia (fatigue, breathlessness or resting tachycardia), then transfusion should be considered. Please discuss with doctor and consult the Trust Transfusion Policy.

▶ ANALGESIC REGIME

REGULAR:

- **Paracetamol 1g PO QDS**
- **Etoricoxib 90mg PO OD** (unless contraindicated) for 5 days max. First dose 8hrs after Parecoxib (usually given at start of op).
- Consider **Ibuprofen 400mg PO TDS** as an alternative if at high risk of cardiac disease.
- **Sustained release Oxycodone 10mg PO BD** for 3 doses. First ward dose to be given 12hrs after the Recovery dose.
- Step down to **Codeine 30-60mg PO QDS**. On the EDNF ask the GP to NOT put Codeine on the repeat medication list.
- **Gabapentin 300mg PO OD nocte** for 3 days, or until discharge. *If already on any antineuropathic agent (e.g., Amitriptyline, Duloxetine, Pregabalin) continue this and do not add Gabapentin.*
- **Senna 15mg PO OD nocte**. Consider adding **Sodium Docusate 200mg PO BD**.

AS REQUIRED:

- **Immediate release Oxycodone PO** 5-10mg 2hrly PRN
- **Ondansetron 4mg PO / IV TDS PRN, Prochlorperazine 10mg PO BD PRN** (or **Prochlorperazine 12.5mg IM TDS PRN**)
- **Cyclizine 50mg PO/IV TDS PRN**

▶ OPIOID TOLERANCE OR OTHER PAIN ISSUES

- OPIOID TOLERANT PATIENTS – May need higher doses of opioids, call Acute Pain Service for advice Bleep 3402.