

Total Joint Protocols:

Please note that on certain days, the total joint pod might have earlier start times than the rest of the OR (720am versus 730).

Preoperatively, all patients have been screened and they have undergone extensive preoperative teaching. Their NPO policy states the following: Clear liquids up to 6 hours before surgery. Water up to 4 hours before surgery.

All patients receive 975mg of Tylenol, 200mg Celebrex, 40mg pantoprazole. All these are ordered by the surgical team.

Please order these medications if the patient has not taken them when you are performing your pre-operative assessment.

Consents for anesthesia should be Spinal, General, Monitored Anesthesia Care, Right/Left saphenous nerve block (if surgery is a TKR)

Saphenous Nerve Block is performed in preop for those undergoing a TKR. This is performed within the adductor canal at the mid-thigh or distal. Usual cocktail is 20cc of 0.25% B plus Lidocaine for skin infiltration. Sedation can be provided if required. Preference is to avoid opioids so Propofol or Midazolam are the drugs of choice for sedation.

TXA should be initiated early and infused slowly over 30 minutes prior to incision. Contraindications for IV TXA include DVTs, thrombotic disease, CVA/TIA, MI, Cardiac Stents. Atrial Fibrillation is not a contraindication. 1g if under 70kg and 2g if over 70kg.

Spinal is placed in the operating room and is the anesthetic of choice. 7.5mg-10mg of isobaric bupivacaine is usually administered at the L1-2 or L2-3 levels. Please confirm anticoagulation status during the time out for the spinal.

Decadron 4mg IV should be given to all patients except diabetics who should get 2mg.

For THR: Please ensure that the OR staff does not initiate the positioning pegs until sedation has started.

All patients should receive 4mg of zofran IV intraoperatively.

If tolerated, patients should receive about 2L of crystalloid intraoperatively.

Surgeons use a local anesthetic cocktail of ropivacaine, epinephrine, ketorolac, clonidine. Please ensure that the surgeons adhere to the following:

For hips: if greater than 70Kg, 2 syringes of RECK is okay.

For knees: if greater than 77kg, 1.5 syringes of RECK is okay and if greater than 85kg, 2 syringes of RECK is okay.

Also note that each syringe of RECK contains 15mg of ketorolac. Please administer additional ketorolac accordingly.

We have an enhanced pacu protocol as well. The patients no longer need to show resolution of their motor block from the spinal prior to discharge to the floor. They do need to show regression of their spinal from a sensory block of 2 levels along with all other discharge requirements from pacu.