

Modern Total Hip Replacement in an Ambulatory Surgery Center

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A Brief History of Total Hip Replacement

- Hip replacement 1990:
 - LOS 7 Days
 - Technique 80% Cemented; 20% Cementless
- Cementless hips were toe touch on crutches for 6 weeks, then gradual weight bearing for 6 more weeks....3 months before off crutches.
 - Surgical procedure....More invasive.
 - Pain management-General anesthesia; IM Demerol/Vistaryl and IV MS
 - Implant life before revision 10 years+



Hip Replacement 2011

- LOS average 1.9 days
 - Technique 90% cementless; 10% cemented
 - Cementless hips are allowed full weight bearing day of surgery
 - Surgical procedure...less invasive, muscle sparing
 - Pain Management; A holistic pre/intra/and post op protocol.
 - Implant life before revision...20 years+

Why perform Hip replacement in the ASC?
Can it be done safely?



Why Perform THA in an ASC?

- Young, healthy patients-Boomers
- Opportunity for rapid recovery
- Lower risk of infection
- Economic pressure from payers
- Opportunity to create a bundled payment
- Prepare for the future increase in demand



Why do it?

- Increased demand by patients, increased need for efficiency by Adult Reconstruction surgeons.....8-12 week waiting lists are common for high volume surgeons.
- Demand for THA will increase >300% over the next decade. Demand for TKA will increase >600%
- Fewer Adult Reconstruction surgeons



Why do it?

- Increased case load demands increased resources from society...efficiency will become increasingly important
- Risks with 23 hour discharge- Most life threatening complications occur in first 72 hours-Pulmonary Embolism, Myocardial Infarction, Arrhythmia, Bowel Obstruction....patient selection is the key to reducing these risks. These should be physiologically young, healthy people. A single severe complication can occur in the hospital or the ASC setting-be prepared



Pain Management

- Critical for rapid recovery
- Our Pain protocol-(list it)
- Surgical Technique-Less invasive techniques allow for rapid return of strength.
- Pain protocol, surgical technique and rapid recovery reduce the risk of post op complications.



Patient Selection Criteria

- Age <64
- ASA 1 or 2
- BMI < 30
- Home Support
- Patient is willing and able to return home after a 23 hour stay.



Reimbursement Issues

- ASC MUST know its fixed and variable costs for this procedure, including the cost of implants and providing overnight care
- Most PPO contracts are not set up for THA in an ASC....but they are changing



Pre Operative Patient Preparation

- Patient Education Booklet and class with caregiver
- Pre Operative Medical Assessment
- Teach relaxation and visualization techniques
- Discuss pre and post op diet
- Arrange for home health nursing visits and home PT



Day of Admission

- Pre Medication
- Surgeon signs the operative side
- Anesthesia



Intraoperative

BE PREPARED!!!

- Special Equipment needs – Space Suits; C ARM; TRAYS; IMPLANTS;
- Patient Positioner (Peg Board)
- Complication Preparation – Intraoperative fracture, need for cement fixation....
- Experienced Surgical Team; Experienced Implant Representative



Postoperative-Set a Timeline

- Nursing- Two ICU nurses- maximum 1:1 nursing
- Incentive spirometer, SCD' s, DVT prophylaxis
 - Medications per pain protocol
- Activity per protocol-Sit up on bedside at 2 hours; begin walking at 5-6 hours; ambulate with a walker/cane as tolerated. Prior to discharge need to be able to get into and out of bed on their own and climb stairs.



Postoperative-Set a Timeline

- Diet-Light diet with ginger tea, high fiber. Progress to regular diet in AM before discharge.
- Rest- With 23 hour stay setting, patients get better sleep.



Postoperative-Set a Timeline

- Family-Teach transfers, exercises, meals...they need to be available at home for the first few days.
 - 1- 2 HOURS-Spinal wears off, patient wakes up
 - 3-6 HOURS-Patient sits up, dangles legs, light eating and drinking
 - 7-12 HOURS-Begin activity, teach walking, bed transfers
 - 13-20 HOURS-Sleep
 - 21- 23 HOURS-Walk again, teach stair climbing, review safety precautions.
 - Surgeon makes rounds, checks wound, etc.



Discharge

- Review home instructions with patient and caregiver
- Ensure that prescriptions have been filled for pain meds, walker, raised toilet seat, anticoagulation protocol
- Home Health Nursing visits, and Physical Therapy
- Post Op Follow up in my office at 7-10 days.



Final Thoughts

- Patients love it!
- Approximately 110 cases to date without complication
- Be selective!



Final Thoughts

First Do No Harm....



Thank You

