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