

Pilot study to evaluate feasibility, efficacy, safety and patient satisfaction of day case total hip replacement (DC THR).

Presenting Author: J Clarke

Other Authors: T Board, H Divecha, L Cresswell, S

Duncan, J Bolt, Joseph Knowles, Catrina Morris



Background & Method

Background

- Recent reports indicate total hip replacement(THR) can be managed as a day case procedure(DC) providing both patient and health economic benefits. However, few of these studies demonstrate effectiveness and safety in a UK NHS setting.
- We aimed to evaluate the feasibility, efficacy, safety and patient satisfaction of a DC-THR pilot at Wrightington.

Method

 Inclusion criteria, specific patient information, education sessions, detailed pathway and discharge criteria were generated and delivered by a multidisciplinary team approach. Eligible patients were recruited from 2 lead consultants in OPD.

Pathway

Process for Day Case Total Hip Arthroplasty Patient identified in clinic To be highlighted on listing form – listed as Daycase THA – Inclusion criteria see overleaf Patient Information Booklet given to patient Pre-op to contact physio, ERT and OT Patient attends education session with 'carer' (separate from group session) OT assessment Patient admitted No food after midnight, can drink up to 2 hours efore Spinal with no diamorphine Dose of spinal specific to patient No urinary catheter TXA 30mg/Kg at induction - Paracetomol IV Operation Dexamethasone 6.6mg, IV cyclizine 50 mg, Local Anaesthetic Infiltration Apply Aquacell surgical dressing Single dose IV Teicoplanin antibiotic prophylax Discharge letter to be completed in theatre 1L Hartmanns plus if required 500 ml gelofusine No change to regular medication drenatine infiltration (local wound infiltratio Recovery trate drink in recovery - Fortisip Compt Oromorph 5mg (PRN) Check x-ray / haemacue Physio- 2hrs after return to ward Ensure adequate pain management Patient not out back into bed Codeine 30-60 mg uick progression progress to stairs assessme Oromorph 5-10 mg pm obilisation change into own clothe IV drip discontinued Return to Ward razine 3me BD Buccall irses to send discharge checklist ZF/Sticks/EC to Pharmacy Quick progression, hourly mobilisation Naproxen 500mgs twice daily Exercises Discharge medication as above oprophylaxis as per Trust Progress to stairs assessment After first mobilization: Patient Discharged Discharge criteria - see overleat - IV drip discontinued Ensure patient has contact numbers Post Discharge ow up telephone call by Enhanc Recovery team day 1 & day 3 District Nurse Review Clins / rherk wound 14/7 Patient attends 6 week follow-up

Inclusion criteria

- Patient motivated to be discharged on day 0
- Someone currently living with patient at home who is mobile enough to help
- Own transport to get home
- Live within 2 hrs of Wrightington
- Not on Opioids preop
- ASA 1 or 2
- No CKD
- No long-term steroid usage
- BMI < 40
- No cognitive impairment
- Standard Primary THA

Patient information





Day Case Total Hip Replacement

Patient Information



Author ID: JC
Leaflet Number: MUSC 065
Version: 1
Name of Leaflet: Day Case Total Hip Replacement
Date Produced: PlA to insert
Review Date: 2 years



Specific Education sessions

Discharge Criteria

- Pain control adequate
- Passed Physio assessment
- PU'd
- Patient confident
- Carer confident
- Dressing dry and intact

Results

- Nov 2018-present 31 procedures
- 12M:19F
- Standard posterior approach
- Mean age 52(29-77yrs)
- 27 Uncemented(14 mini hip, 2 custom), 4 Hybrid
- Same day discharge=24(77%)
- Day 1=5
 - Slow quads
 - Reduced dorsi flexion
 - Catheterized for retention
 - Patient choice stay o/night
 - No reason recorded
- Day 2= 2xlow BP
- No readmissions

Follow up

- 1 and 3 day phone call by ER team
 - 29 no complications/concerns, 1 moderate swelling, 1 wound ooze – subsequent day 3 wound check satisfactory
- 6/52 no complications
- 1 year review
 - 3 reviewed-no complications or concerns back to activities(walking, cycling, swimming, cross training)
- Medication review
 - Day 3 23% Paracetamol
 - 77% Paracetamol/Naproxen/Codeine
 - 30% of all patients required Oramorph prior to sleep & exercise
 - Day 7 100% paracetamol/naproxen
- Comparative analysis of therapy input
 - D/C- average 81 minutes i/c 2.7 contacts
 - ER average 138 minutes i/c 4.6 contacts

Conclusion

What next...

- This small pilot demonstrates the safety and effectiveness of performing THR as a day case in a UK NHS setting.
- Key drivers for success are felt to be a multidisciplinary team approach and 'buy-in' from patients.
- Further role out of the pilot is planned and it is likely that more patients will find this option attractive in the post-covid era.

- Monitor
 - Outcomes
 - Progress
- Develop/Refine
 - Pathway
 - Criteria
 - Broaden patient selection
- Educate
 - Staff
 - Public
- Expand & Invest
 - Business plan
 - Expand team