# 20220929 FOI ref 302-2223 Pharmacological choices in Hip/Knee Arthroplasty

Thank you for taking time to complete this short proforma, the information you provide will help to build a full picture of the pharmacological choices made for patients undergoing joint replacement surgery.

### **ANALGESIA**

1. What analgesic agents are offered per the trust's protocol/standard practice for joint replacement surgery (beyond simple analgesia like paracetamol/codeine)?

Please detail dosage and route of administration.

Preoperatively	Intraoperatively	Post-operatively	
No additional analgesia is given to the patient pre- operatively at ward level other than simple analgesia	<ul> <li>IV Paracetamol 15mg/kg STAT dose</li> <li>IV Parecoxib 40mg</li> </ul>	<ul> <li>Oral Paracetamol 1 gram four times a day</li> <li>Oxycodone MR 10mg BD (or 5mg in patient &gt;80 years or CrCl &lt; 30ml/min) for 5 doses (or when patient goes home) then Codeine 30-60mg QDS</li> <li>Gabapentin 100mg BD for 5 days or until discharge</li> <li>Ibuprofen 400mg TDS for 5 days. Avoid if CrCl &lt;50ml/min. Considered only in selected patients based on individual risk factors.</li> <li>Oxycodone 5mg/5ml 2.5-5mg 2-4 hourly when required.</li> </ul>	

#### **ANTI-INFLAMMATORY**

2. What Anti-inflammatory agents are offered per the trust's protocol/standard practice for joint replacement surgery (beyond simple agents like ibuprofen)?

Please detail dosage and route of administration.

Preoperatively	Intraoperatively	Post-operatively
No additional anti- inflammatories are given to the patient pre-operatively at ward level	IV Parecoxib 40mg	• Ibuprofen 400mg TDS for 5 days. Avoid if CrCl <50ml/min. Considered only in selected patients based on individual risk factors.

## **ANTIMICROBIAL AGENTS**

3. What antibiotic/antimicrobial agents are offered per the trust's protocol/standard practice for joint replacement surgery?

Please detail dosage and route of administration.

Preoperatively	Intraoperatively	Post-operatively
• None given	Not penicillin allergic  Flucloxacillin 1 g IV STAT  Gentamicin 3 mg/kg IV STAT  Penicillin allergic  Teicoplanin 400 mg IV STAT  Gentamicin 3 mg/kg IV STAT	Give at least one further post- operative dose of flucloxacillin 6 hr after the last intra-operative dose.     Administration can be extended for up to 24 hr post- operatively at the discretion of Consultant Orthopaedic Surgeon.

#### 4. Does this differ between primary and revision joint replacement surgery?

• We use the same protocol for both. Unless revision surgeries for are for infection then this will be guided by sensitivities and microbiology.

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#### **REGIONAL ANAESTHESIA**

5. What regional anaesthetic agents are offered per the trust's protocol/standard practice for joint replacement surgery?

Please detail dosage and route of administration.

Preoperatively	Intraoperatively	Post-operatively
nil	Spinal utilizing heavy bupivacaine 0.5% Opiates – typically fentanyl, may also be administered.	
	Local infiltration may be undertaken by the surgeon intraoperatively prior to closing the skin. Typically 30ml L Bupivacaine and 30mg ketorolac and Tranexamic acid	

### **VTE PROPHYLAXIS**

6. What VTE prophylaxis is offered per the trust's protocol/standard practice for joint replacement surgery?

Please detail dosage and route of administration.

Preoperatively	Intraoperatively	Post-operatively
Not required as for elective surgeries patients have surgery the day they are admitted.	• No requirement for this	<ul> <li>Total Hip Replacement:</li> <li>Option 1 - Preferred: Dalteparin 2500-5000 units once a day for 10 days post op then aspirin 75mg once a day for 28 days</li> <li>Option 2: Rivaroxaban 10mg once a day for 28 days</li> <li>Total Knee Replacement:</li> <li>Option 1 - Preferred: Aspirin 75mg once a day for 14 days</li> <li>Option 2: Dalteparin 2500-5000 units once a day for 14 days</li> <li>Option 1 is picked for patients unless the consultant specifically mentions they want another NICE approved regime.</li> </ul>

#### **ENHANCED RECOVERY**

7. Are any additional medications/supplements issued as part of an enhanced recovery protocol for joint replacement surgery?

	Preoperatively	Intraoperatively	Post-operatively
•	None	IV Tranexamic acid see additional information	<ul> <li>Lactulose oral 10ml twice a day</li> <li>Senna oral 15mg once a day when required</li> <li>Prochlorperazine oral 6mg twice a day when required</li> <li>Ondansetron oral 4mg three times a day when required.</li> </ul>

### **DAY CASE JOINT REPLACEMENT**

8. If day case joint replacement surger **THAME** deere any differences to the standard joint replacement protocol you've described above?

Preoperatively Intraoperatively Post-operatively

#### **Additional information**

#### **Tranexamic Acid**

Given by the anaesthetist at the start of surgery: Give 1 gram intravenously if there is no evidence of renal impairment.

Given by the operating surgeon post implantation just before wound closure: If there is no renal impairment, also apply 1 gram to 2 gram of topical (intra-articular) tranexamic acid diluted in sodium chloride 0.9%. Ensure that the total combined dose of tranexamic acid does not exceed 3 gram.