



GUIDELINES FOR ARTHROPLASTY PATIENTS

It was decided in the meeting that the following protocol is to be followed:

PRE -OPERATIVE CARDIAC EVALUATION:

- 1) Patients of age > 60yrs (more than 60yrs) , planned for arthroplasty , will have cardiac consult and / or Dobutamin stress test, before PAC
- 2) Patients of age < 60yrs (less than 60yrs) , planned for arthroplasty , will have cardiac consult and / or Dobutamin stress test, if advised by the anesthesiologist during PAC

THROMBO-PROPHYLAXIS FOR ARTHROPLASTY PATIENTS:

As per the American Academy of Orthopedic Surgeons (AAOS)

- 1) All patients should be put on mechanical prophylaxis e.g. foot pumps/anti-embolism stockings, atleast.
- 2) Encourage mobilization as early as possible, after the surgery.
- 3) All patients should be made aware of the risks of DVT/PE associated with THA and TKA.
- 4) If the risk of bleeding from any site is deemed to outweigh the risk of VTE offer mechanical prophylaxis only. Inferior Veno-Caval (IVC) filters are not recommended.
- 5) Enoxaparin 40mg is recommended to be commenced 6-12hrs post-surgery for 72hrs.
- 6) All patients should be commenced on Proton Pump Inhibitor (PPI) e.g. Pantoprazole 40mg once a day.
- 7) Aspirin 150mg is commenced at 72hrs and continued for 4 weeks after THA and TKA
- 8) The choice of thromo-prophylaxis will be determined by the surgeon / anesthesiologist and in case of complex situations the cardiologist may be consulted.

PATIENTS NORMALLY ON WARFARIN:

- 1) Warfarin is omitted for 5 doses prior to surgery. Re-start warfarin at 1800 on Day 1. Do not administer Aspirin, stop Enoxaparin when INR > 2.
- 2) All patients on WARFARIN or POST VALAVUALR REPLACEMENTS, may be referred to the Cardiologist for complete evaluation and regulation of peri operative anticoagulant therapy.

(P.T.O)



PATIENTS NORMALLY ON ASPIRIN:

- 1) Aspirin 75mg is rarely stopped pre-operatively. Increase the dose to 150mg od postoperatively with mechanical prophylaxis and Enoxaparin as per recommendations.

PATIENTS NORMALLY ON ASPIRIN AND CLOPIDOGREL:

- 1) Clopidogrel is discontinued 7 days prior to surgery while Aspirin is continued.
- 2) Continue Aspirin post-operatively with mechanical prophylaxis and Enoxaparin.
- 3) Clopidogrel is recommenced after cessation of Enoxaparin i.e. at 72hours postoperatively.

OTHER AGENTS:

Please be aware of new agents coming onto the market with various licences e.g. Prasugrel and Apixiban. Please refer to the manufacturer's data sheet for recommendations during the perioperative period.

A handwritten signature in blue ink, appearing to read "S.P.S Bedi", is written over a light blue grid background.

Dr. S.P.S Bedi
Director Clinical Services
For Indus Healthcare

Dated: 7th April 2017