Anaesthesia for Day Case Total Shoulder Arthroplasty

TARGET AUDIENCE	NHSL Anaesthetists
PATIENT GROUP	Adult patients undergoing shoulder replacements as a day case

Clinical Guidelines Summary

Background

This protocol has been developed to provide adequate analgesia, minimise morbidity, and to promote same day discharge for the majority of patients undergoing total shoulder arthroplasty (TSA). They will have been counselled to that effect preoperatively.

This guideline covers the following:

1. Fasting
2. Regional anaesthesia
3. General anaesthesia
4. Perioperative fluids
5. Postoperative analgesia
6. Other considerations
7. Follow-up

Fasting

- These patients will be admitted to and discharged from the Day Surgery Unit (DSU).
- Fasting time for solids remains at 6 hrs, other than that Sip-till-Send shall be encouraged.

Regional Anaesthesia

- Interscalene brachial plexus (ISBP) block using 10 - 20mls of 0.25-0.75% Levobupivacaine.
- Dexamethasone 9.9 mg IV suggested as an adjunct to prolong block duration unless contraindicated. The evidence around perineural adjuncts continues to evolve and their use may be considered.
- If performing ISBP block awake consider small doses of fentanyl/midazolam for patient comfort.

General Anaesthesia

- Standard induction with fentanyl/alfentanil as per preference, propofol and muscle relaxant
- Consider using reinforced tracheal tube
- Maintenance with O2/Air/Sevo or TIVA
- Be vigilant positioning patients in deck chair position. Ensure slide sheets have been removed prior to sitting patient up. Ensure neck extension is avoided.
- Consider running IV fluids from time of cannula insertion as pre-load to help prevent hypotension on sitting upright. Liberal use of metaraminol infusions to ensure MAP +/- 20% baseline and adequate cerebral perfusion pressure.
- Prophylactic antibiotics as per guidelines
- Tranexamic Acid 1g slow IV bolus at induction
- Prophylactic antiemetics as per NHSL PONV Guideline
- NSAID if no patient contra-indications
- If satisfactory regional block no further analgesia should be required
- Ensure arm is supported in sling before patient wakes up

- Reversal as per NHSL policy

Perioperative fluids

- Intra-operative IV fluids should be titrated to replace intraoperative fluid losses.
- Discontinue IV fluids in recovery and offer drink of water as soon as possible.

Postoperative analgesia

- The suggested post-op analgesia prescription is described in Appendix A
- The easiest way to ensure all medication ready for discharge is to create a Discharge Prescription on Hepma and use the prepopulated 'TOTAL SHOULDER REPLACEMENT DAYCASE' bundle – again see Appendix A for details
- Otherwise please note hand written discharge script for controlled drugs (and ondansetron/PPI/laxatives) will need to be completed at time of pre-op visit to allow processing in pharmacy (example available in DSU paperwork folder)
- There is a bespoke post-op analgesia booklet that will need to be printed/copied, completed and handed to patient – These are available in the Day Case Shoulder Folder in DSU, in a 'Shoulder Folder' in T2 and as a patient information leaflet to be printed from Firstport. In due course this will be amalgamated into the rest of the pathway literature & online.

Other considerations

- Cefuroxime 750mg IV will need to be given by anaesthetic team in DSU around 6hrs post initial dose (ensure cannula remains in situ until then)
- Post-op FBC may be required if deemed necessary by Anaesthetist/Surgeon on an individual patient basis.
- All patients must attend radiology for a post-op shoulder Xray prior to discharge (organised by surgical team).

Follow-up

- Day Case TSA patients are closely followed up with a Day 1 and Day 7 phone call from DSU / ERAS staff, as well as direct contact from the operating surgeon. The 24hr/7-day follow-up questionnaire is readily available in the Day Case Shoulder Replacement Folder in DSU. Please ensure DSU staff have put follow-up phone call appointments in the diary.

- We are prospectively auditing all shoulder arthroplasty patients, so please either enter CHI number into database on Teams or email Dr N Doody, regardless of outcome of day case vs inpatient.

Appendix A

This is a suggested regime developed in conjunction with the Acute Pain Team and Pharmacy, but can be individualised for each patient by the list anaesthetist.

Post-op analgesia:

- Paracetamol 1g QID 7/7
- Ibuprofen 400mg TID 7/7 if no CI
- Codeine QID 7/7
  - 60mg < 75 yrs
  - 30mg > 75 yrs
- Oramorph (10mg/5mls)
  - 10mg 2hrly prn < 75 yrs – supply 200mls = 40 doses
  - 5mg 2hrly prn >75 yrs – supply 100mls = 40 doses

Other post-op prescriptions:

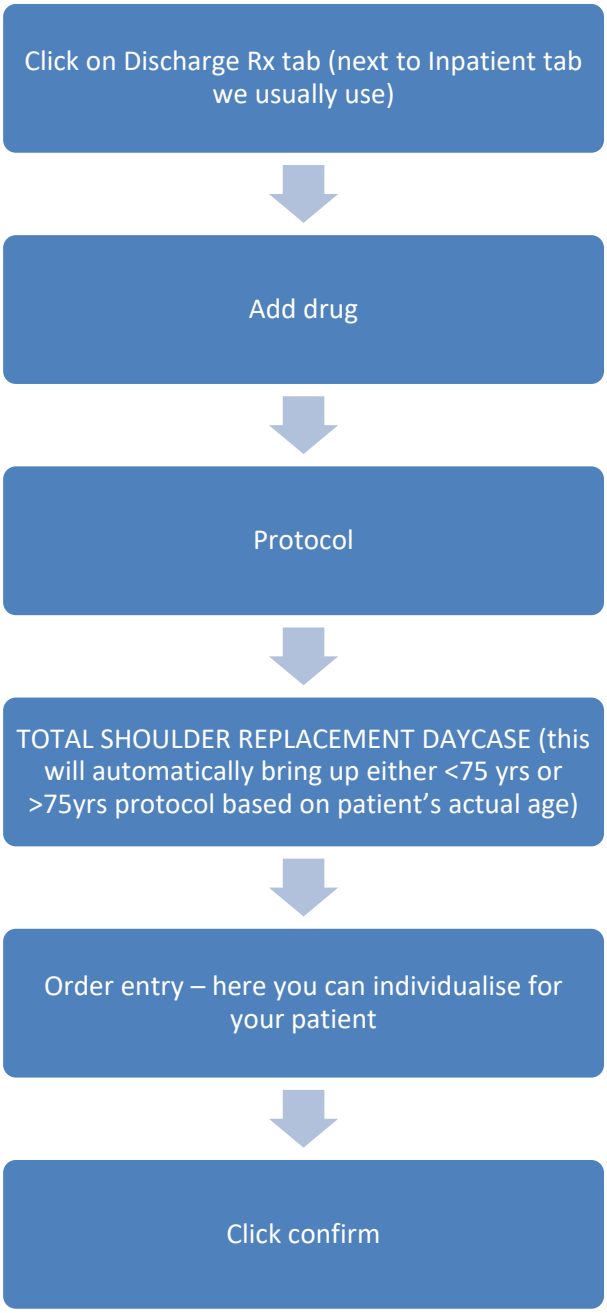
- Ondansetron 4mg TID 2/7
- Omeprazole 20mg OD 7/7 if on NSAID
- Lactulose 15mls BD 7/7
- Prochlorperazine 3mg 12hrly 7/7

Discharge letter from surgeon should state dose and duration of strong opioid with no automatic repeat.

Once everything is prescribed on Hepma as described below there is no need to complete the DSU sticker on the anaesthetic chart.

Anaesthesia for Day Case Shoulder Arthroplasty

To order post-op prescriptions via Hepma:



The discharge script will be saved in DRAFT form. This is correct – please do not type a discharge letter. Next step is to call pharmacy on Ext 7810 to have the Hepma prescription verified and then the drugs should all arrive in DSU by early afternoon.

Please now complete the 'Pain relief plan for after my shoulder surgery' booklet to give to your patient. This is available in the DSU Day Case Shoulder Folder, Shoulder Folder in T2 and on Firstport.

1. Governance information for Guidance document

Lead Author(s):	Dr N Doody
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Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
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CHANGE RECORD

Date	Lead Author	Change	Version No.
Apr 2024	Dr N Doody	*e.g. Review, revise and update of policy in line with contemporary professional structures and practice*	1
			2
			3
		.	4
			5

2.You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance