Goal of study: to establish the feasibility of doing TKA’s in a small community Outpatient Surgery Center.

Outpatient TKA, EARLY EXPERIENCE: A Pilot Study

Setting: Monterey Peninsula Surgery Center, Monterey, California

Discussion:
Since beginning Outpatient TKA our protocols have changed with experience.
Regional anesthesia with sedation remains the norm. Spinal anesthesia with light general anesthesia and sedation (Propofol) is also used in select patients. Regional anesthesia is not only associated with less blood loss, less postoperative nausea, vomiting, and demand for analgesics, but it also eliminates the need for peripheral nerve blocks. Avoiding the use of narcotics with the use of regional anesthesia and sedation greatly reduces the use of indwelling femoral nerve block catheters and pain pumps.

Regional anesthesia with sedation remains the norm: spinal anesthesia with Marcaine (20 micrograms, if going home sooner), supplemented by an ultrasound-guided peripheral nerve block (saphenous nerve). With rapid rehabilitation, de-acceleration of early mobilization helps to reduce postoperative pain and nausea, and greatly reduces the need for narcotic pain medication.

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Postoperative pain management:
Postoperative pain management was guided by the need to reduce pain, allow early ambulation, and limit the need for pain medications. Patients were encouraged to mobilize as much as possible. Calf-pump Elevate foot as high as possible. Calf-pump Elevate foot as high as possible.

Anticoagulation measures: anticoagulation with Warfarin (Coumadin) was continued unless contraindicated. Anticoagulation with heparin was not used. A heparin bolus before anesthesia and surgery was used as needed. Anticoagulation with heparin was not used. A heparin bolus before anesthesia and surgery was used as needed.

Outcomes:
All patients were discharged to home within 24 hours after surgery (time range: 17hrs 15min. to 23hrs 59min.; average time in Center: 23hours and 38 minutes). All patients were discharged to home within 24 hours after surgery (time range: 17hrs 15min. to 23hrs 59min.; average time in Center: 23hours and 38 minutes).

Conclusion:
Although an outlier, the study demonstrates that outpatient TKA is feasible in a small community Outpatient Surgery Center with a 23-hour average time in Center. The study also demonstrates that outpatient TKA is a reasonable alternative for some patients.

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