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Protocol for performing total hip arthroplasty without admission to the ICU

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We are still developing and optimizing this protocol

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Abstract

Total hip arthroplasty is a safe and effective surgery, however large and aimed at elderly patients. The objective of this protocol is to define clinical criteria for performing total hip arthroplasty without postoperative admission to the ICU, without compromising patient safety.

Attachments

PNG

Captura de Tela 2025...

144KB

Guidelines

Protocol based on review of current medical literature
To perform total hip arthroplasty, without the need to reserve an ICU and without compromising patient safety, the following clinical criteria must be followed:
1- Less than 65 years old
2- American Society Anesthesiology (ASA) Classification I or II
3- Non-smoker
4- No history of ischemic disease (Acute Myocardial Infarction
and/or Cerebrovascular disease)
5- No history of deep vein thrombosis
7- BMI less than 30kg/m2
8- Creatinine clearance higher than 60 ml/min
9- Hemoglobin higher than 12g/dL

Safety warnings

Similar protocols have proven to be safe and effective

Before start

Before start, it is important to carry out a multidisciplinary assessment of the patient and review the epidemiological profile of your institution.

Protocol references

1- Loures FB, Góes RFA, Gusmão CV, Albuquerque RSPE, Labronici PJ. Epidemiological and Clinical Profile of Patients Submitted to Total Knee Arthroplasty.
Rev Bras Ortop (Sao Paulo). 2021;57(2):223-229. doi: 10.1055/s-0041-1724080
2- Loures F, Reis JH, Campos MO, Runco GM, Fonseca LDV, Xavier LF, et al.
Criteria for performing total knee arthroplasty without postoperative intensive care monitoring. protocols.io. 2022. doi: dx.doi.org/10.17504/protocols.
io.bp2l6b325gqe/v2.
3- Liodakis E, Bergeron SG, Zukor DJ, Huk OL, Epure LM, Antoniou J. Perioperative
Complications and Length of Stay After Revision Total Hip and Knee Arthroplasties: An Analysis of the NSQIP Database. J Arthroplasty. 2015;30(11):1868-71.
doi: 10.1016/j.arth.2015.05.029.
4- Tischler EH, Matsen Ko L, Chen AF, Maltenfort MG, Schroeder J, Austin MS.
Smoking Increases the Rate of Reoperation for Infection within 90 Days After
Primary Total Joint Arthroplasty. J Bone Joint Surg Am. 2017;99(4):295-304.
doi: 10.2106/JBJS.16.00311.
5- AbdelSalam H, Restrepo C, Tarity TD, Sangster W, Parvizi J. Predictors of
intensive care unit admission after total joint arthroplasty. J Arthroplasty.
2012;27(5):720-5. doi: 10.1016/j.arth.2011.09.027.
6- Kuperman EF, Schweizer M, Joy P, Gu X, Fang MM. The effects of advanced on primary total knee arthroplasty: a meta-analysis and systematic review.
BMC Geriatr. 2016;16:41. doi: 10.1186/s12877-016-0215-4.
7- Klausing A, Martini M, Wimmer MD, Gravius S, Wirtz DC, Randau TM. Postoperative Medical Complications and Intermediate Care Unit/Intensive Care
Unit Admission in Joint Replacement Surgery: A Prospective Risk Model. J
Arthroplasty. 2019;34(4):717-722. doi: 10.1016/j.arth.2018.12.034.
8- Bjorgul K, Novicoff WM, Saleh KJ. Evaluating comorbidities in total hip and knee arthroplasty: available instruments. J Orthop Traumatol. 2010;11(4):203-9. doi: 10.1007/s10195-010-0115-x