

BADS/HCUK Virtual Conference Report: Day Case Total Hip Replacement, 29th April 2021

Amy Thomas

The Rotherham NHS Foundation Trust

I enrolled on this conference to build on my existing experience of day case arthroplasty, and nosy at other centres' successful techniques. We all know there are several ways to "skin a cat" but I wanted to know how to do it well! This conference did not disappoint. There was a variety of speakers representing the multidisciplinary team from various UK Trusts. They fielded questions live in the Question & Answer sessions, via the online chat facility and by email following the sessions.

Mary Stocker's talk on "optimising day case surgery" inspired me to advertise more to Primary Care and start the "day case arthroplasty" message early in the patient's journey. Her later talk on monitoring outcomes introduced me to the 'BADS National Dataset' which will help me understand my Trust's National position better. She improved my familiarity with Model hospital and the info it will yield!

Hiren Divecha from the Wrightington talked about "Undertaking your first day case hip replacement". A really engaging talk that involved a patient giving their feedback. For me it highlighted the value of enhanced recovery nurses throughout the patient's journey. We currently do not have this role in our Trust but during the conference it was a common theme and seems to be the way forward as we expand the complexity of operations performed.

Claire Blandford and Mike Kent presented work from Torbay's successful day case arthroplasty service. A pragmatic talk which I enjoyed and learnt lots from. They demonstrated how adhering to a protocol increases successful discharge rates stating we should aim for 20% of our total hip replacements to be performed as day case. New practice to take forward in my hospital will be the inclusion of carbohydrate drinks in the preoperatively and postoperatively and the administration of two doses of tranexamic acid. I think cell salvage collection for all will spark debate at home. I particularly like the patient TTO (to take out) drug charts to help patients monitor their own medication after discharge.

Northumberland's recipe for success was very different to my own experience and thought provoking. They presented their relatively opiate-light technique using regular mobilisation to reduce pain postoperatively. This has been enabled partly with the "Taurus walker" and the consensus that hip precautions should be consigned to history. It was a shame Hilary wasn't available for questions on the day. I suspect their use of high dose dexamethasone (8-16mg) will help their pain scores.

Ed Dunstan presented Scotland's Model which evolved after a trip to see the work in Copenhagen. They also have seen a ripple effect; increasing day case rates reduces the overall length of stay in their inpatient population. Their use of general anaesthesia as standard was reassuring and I will take forward in my own practice. They are the only UK centre regularly using oral ephedrine to help prevent hypotension postoperatively. In addition, they routinely use high dose dexamethasone (24mg).

Steve Young's work in Warwickshire developing a SWATT team has not only improved day case

success rates but also highlighted long stayers that can be targeted for early intervention. SWATT discussion of all failed day cases has helped them evolve their practice. Their online patient education preoperatively caught my eye, a leap our Trust need to make!

Take-home messages of the day for me:

- Carbohydrate drinks pre- and post-operatively prevent hypotension on mobilisation
- Prilocaine or Bupivacaine 0.25% spinal or GA are effective
- High dose dexamethasone
- Repeat tranexamic acid doses administration at the end of surgery
- Local anaesthetic infiltration of all cut surfaces
- Experienced and motivated teamwork with clear messaging
- Enhanced Recovery nurses pre- and post-operatively to help drive change
- Limit the doses of oxycodone for discharge medication, i.e., 3 to 5 individual doses

Please note that this conference will be held again on 18th November 2021.