

## Suggested Enhanced Recovery Anaesthesia Regime - Primary Shoulder Arthroplasty- Summary Clinical Guideline

Reference No: CG-CLIN/4120/23

### Royal Derby Hospital Primary Shoulder Arthroplasty: Suggested Enhanced Recovery Anaesthesia Regime

#### Instructions given at pre-op assessment clinic

- Carbohydrate drink
- Avoid taking ACE inhibitors or AT II converting enzyme inhibitors the night before or morning of surgery.

#### Premedication (day of surgery): prescribed at

- Carbohydrate drink before 6.30 am

<75 yrs	>75 yrs, CKD 3-5, frailty	eGFR <20
Gabapentin 300mg	Gabapentin 100mg	Gabapentin 100mg
Oxycodone 10mg	Oxycodone 5mg	Paracetamol 1-2g
Paracetamol 1-2g +/- NSAID	Paracetamol 1-2g +/- NSAID	

#### Anaesthesia:

- Awake USG Interscalene Plexus Block 25-30 mls of local anaesthesia 2% Lignocaine with adrenaline 1 in 200,000 + 0.5% Levobupivacaine as 50:50 mix or 0.5% Levobupivacaine only
- If using Dexamethasone in Local Anaesthesia mix, please use Preservative Free Dexamethasone 3.3mg or 6.6mg. Alternatively use Dexamethasone 15-20 mg I/V to enhance and prolong post-op analgesia
- Complete Shoulder Block covering roots C5-T1. In plane needling technique and direct vision of the spread of the Local Anaesthetic within the scalene groove
- Repeat aspirations on needle movements and before injection with slow low-pressure injections
- Avoid any Paraesthesia, if paraesthesia reported – move needle before injections
- Sedation / GA:  
Midazolam and / or Propofol TCI sedation as appropriate  
Or  
GA + Block - Airway control with LMA or Tracheal Intubation
- Beware of the Hemodynamic and Cerebral Blood Flow changes associated with sitting position especially when the patient is under GA
- Beware of phrenic nerve palsy, which may lead to respiratory compromise in patients with Severe COPD

Suitable for printing to guide individual patient management but not for storage

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- Tranexamic acid 1g slow IV bolus
- +/- paracetamol 1g and / or ketorolac IV

**Perioperative fluid balance management:**

- Intraoperative administration of vasopressor & IV fluids should be judicious i.e. volume/type of iv solution should be appropriate to the estimated blood loss and the patient's clinical condition (usually 1 litre crystalloid)
- Continue IV fluids until BP stable and patient drinking
- The need for urinary catheterisation is rare but should be considered on a case-by-case basis

**Enhanced Recovery TSR analgesia regimes**

**Use Lorenzo order set for Ortho TSR under 75 / over 75 years**

Regular:

<75 yrs	>75 yrs, CKD 3-5. Frailty	eGFR <20
1g Paracetamol QDS	1g Paracetamol QDS	1g Paracetamol QDS
+/- NSAID and PPI	+/- NSAID and PPI	
Gabapentin 300mg (Up to 5 days)	Gabapentin 100mg (Up to 5 days)	Gabapentin 100mg (Up to 5 days)
Oxycontin 10mg (one dose only)	Oxycontin 5mg (one dose only)	Oramorph 5-10mg QDS
Day 1 onwards: Tramadol 50-100mg QDS or Codeine 30-60mg QDS	Day 1 onwards: Tramadol 50-100mg QDS or Codeine 15-30mg QDS	
Ondansetron 4mg BD	Ondansetron 4mg BD	Ondansetron 4mg BD
Sodium docusate & / or Senna dependent on patient preference	Sodium docusate & / or Senna dependent on patient preference	Sodium docusate & / or Senna dependent on patient preference

PRN:

<75 yrs	>75 yrs, CKD 3-5. Frailty	eGFR <20
Oramorph 10-20mg PO	Oramorph 5-10mg PO	Oramorph 5-10mg PO

Morphine 10mg s/c	Morphine 2.5-5mg s/c	Morphine 2.5-5mg s/c
Ondansetron 4mg IV/PO Cyclizine 50mg s/c Dexamethasone 3.3/6.6mg IV Prochlorperazine 3mg buccal	Ondansetron 4mg IV/PO Cyclizine 25mg s/c Dexamethasone 3.3/6.6mg IV Prochlorperazine 3mg buccal	Ondansetron 4mg IV/PO Dexamethasone 3.3/6.6mg IV Prochlorperazine 3mg buccal

For revision shoulder replacements consider addition of interscalene local anaesthetic infusion using 0.125% bupivacaine.

**Interscalene catheters use 5ml/hr of 0.125% bupivacaine through a pump, not the 0.25% bupivacaine elastomeric pumps (local anaesthetic 'bomb') used for rectus sheath, popliteal catheters, etc.**

### TTO's

- Regular paracetamol and opiate (Codeine or tramadol) depending on patient tolerance, continue inpatient prescription
- Finish 5 day course Gabapentin
- Oramorph prescription 2mg/ml (100ml bottle) for breakthrough pain if needed frequently as an inpatient
- NSAIDS if <70 yrs, no renal impairment with PPI cover
- Regular laxative +/- antiemetic