

# ENHANCED RECOVERY AFTER SURGERY IN A VETERAN POPULATION CHARLES GEORGE VA MEDICAL CENTER

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#### BACKGROUND

\* Enhanced Recovery After Surgery Pathways (ERAS) have emerged as one of the best strategies to improve the value and quality of Surgical Care and have been increasingly adopted for a broad range of Surgical procedures.

Multimodal analgesia, incorporating nonopioid techniques is an integral part of these pathways. Less emphasis on opioid analgesia. More emphasis on regional anesthesia, nonopioid medications, and other non-medicinal therapies.

### **IMPLEMENTATION**

# TOTAL KNEE ARTHROPLASTY PILOT **ERAS IMPLEMENTATION ACTIONS:**

# Pre-Operative:

- Developed patient education booklet; includes all appointments, care, education, and follow up
- Veteran is engaged; brings booklet to all pre-op visits
- Minimal Fasting

# **Intra- Operative:**

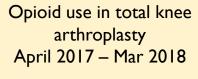
- Opioid sparing multimodal analgesia
- Avoid tubes and drains
- Increase in use of spinal and regional analgesia

# **Post-Operative:**

- Cryotherapy implementation
- Multimodal analgesia
- Early nutrition
- Early PT and mobilization

### **Outcomes**

- Approx. 72% decrease in TKA opioid use.
- ❖ Approx. 21% decrease in overall opioid use.
- Some used no opioids at all.
- Veteran satisfaction increased.
- **87% Decrease** in anti-emetics
- Decrease in LOS 1.43 days resulting in \$364,500 savings in one quarter since implementation est. annual savings: \$1,458,000 for TKA





### **OUR ERAS MULTI-DISCIPLINARY IMPLEMENTATION TEAM**

Presenter: Vada Campbell, RN-BC, HTP, ERAS Workgroup Co-Chair, Inpatient Pain Management Case Manager, Chair CEP Pain Management, ANCC, Silver Springs, MD

- Susan Bazemore, CRNA, Surgery Services
- Sidney Carter, RN, Orthopedics Case Manager
- \* Tamara Cornell, PT, DPT, Clinical Program Manager
- Eileen Ferrell, MSN, Nursing Education
- Sherry Goar, FNP, Pre-Anesthesia
- Amanda Graves, RN, Nurse Manager, Surgical Floor, ERAS . Craig Powell, MD, Chief of Surgery Services Workgroup Co-Chair
- Douglas Huntley, MD, Assistant Chief of Surgery
- Joe Kelley, MD, Anesthesiologist
- III Kerik, FNP, Hospitalists
- Libby Libner, RN, Orthopedics Case Manager

- Sheri Norman, RN, Pre-op/PACU
- Chris Nagy, MD, Orthopedics
- Natalie Micale, Clinical Dietician
- Angela Padgett, CNL, Surgical Floor
- Natalie Parce, CNS, Shared Gov, PTE Coordinator
- Caitlin Rawlins, RN, Surgical Floor
- Troy Schmidt, MD, Orthopedic Surgeon
- Shirley Trantham, RN, Utilization Management
- Iosh Walbert, DPT, PM&RS Auburn Rathbone, PharmD

### **MULTIMODAL ANALGESIA**

# \*PROTOCOL DEVELOPED PREOPERATIVE MEDICATIONS:

Gabapentin 600 mgs PO (on admission to day surgery)

#### **INTRAOPERATIVE MEDICATIONS:**

IV Tylenol 1000 mg

Magnesium 30 mg/kg (2-3 gms)

Ketorolac 15-30 mgs (if appropriate)

Ketamine 0.5 mgs/kg

Precedex 0.2-0.7 mcg/kg/hr

Zofran 4mg

#### **LOCAL ANESTHESIA PER SURGEON -**

Generally longer acting agents preferred (eg.Bupivacaine/Experel)

## Local continuous anesthetic infusion. **COMPLEMENTARY INTEGRATIVE THERAPIES:**

Expanded Healing Touch, Virtual Reality, Aromatherapy, Battlefield Acupuncture, Meditation, Whole Health Coaching

- Questions? Vada.Campbell@va.gov