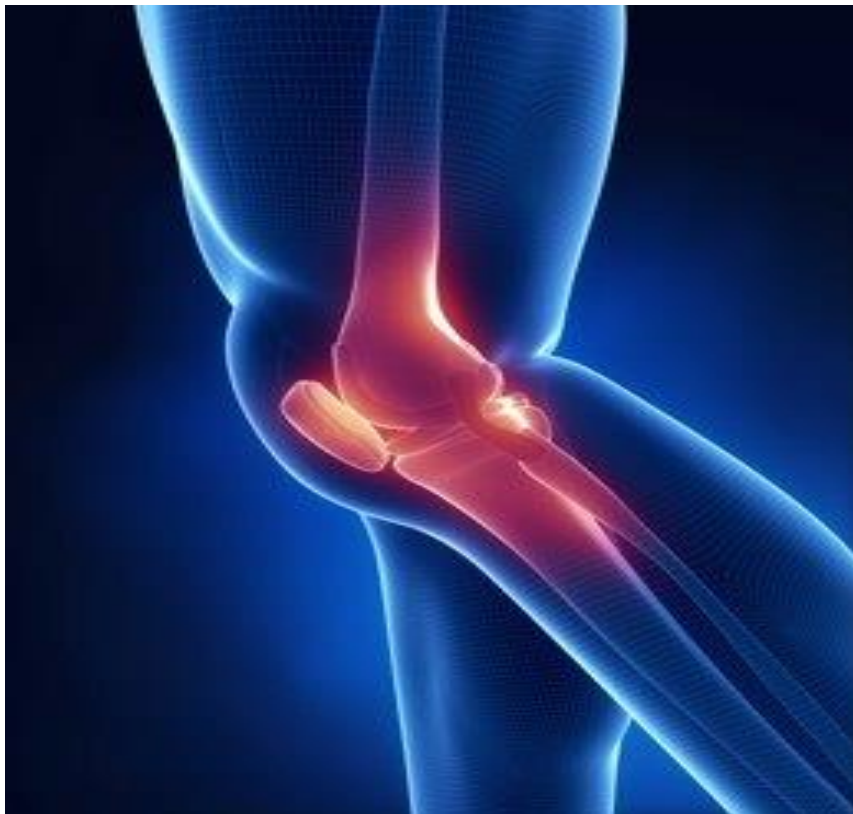


ORTHOPAEDICS PRE-ADMISSION GUIDELINES



Revision March 2022 + ERAS protocol 2023

ORTHOPAEDICS PAC GUIDELINES

Head of Unit (WH): Mr. Phong Tran

Consultants:

Mr John Clifford, Mr. Ray Crowe, Mr. Richard Dallalana, Mr. Camdon Fary, Mr. Chris Harris, Mr. Chris Haw, Mr. Ishfaq Hussaini, Mr. Brett Jackson, Mr Matthan Mammen, Mr. Robert Pianta, Mr William Pianta, Mr Sasha Roshan-Zamir, Mr. Daniel Sydenham, Mr. Simon Talbot, Mr. Duy Thai, Mr. Raghavan Unni, Mr David Shepard, Mr Scott Tulloch

WHF: Interns #609, 996 HMO #632, 843.

WHS: Intern #467, HMO #227

PROCEDURE	FBE	U+E	Ext G&H	ECG	ANAEs	IMAGING/OTHER INFO
Total Hip Replacement	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> • Urine M/C/S – only if patients showing symptoms of UTI. • Current Radiology • XRay- Hip AP/Lat/Charnley <p>ALL Radiology request slips need “with template markings for calibration” written on XR slip.</p> <ul style="list-style-type: none"> • RAPT form completed • Occupational Therapy • Body Wash • Dex drinks x 2 – See ERAS protocol
Total Knee Replacement	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> • Urine M/C/S – only if patients showing symptoms of UTI. • Current Radiology • XR- Knee AP/Lat/Skyline/ WB PA 20° flexion/bilateral long leg views WB <p>ALL Radiology request slips need “with template markings for calibration” written on XR slip.</p> <p><u>Note:</u> If “Patient Specific Implants-PSI” then patient will require a CT/MRI knee. Currently CT knee is used for these prostheses where the images are sent away for patient specific jigs to be made prior to surgery.</p> <ul style="list-style-type: none"> • RAPT form completed • Occupational Therapy • Body Wash • Dex drinks x 2 (see ERAS protocol)

PROCEDURE	FBE	U+E	ECG	Ext G&H	ANAES	IMAGING/OTHER INFO
Total Shoulder Replacement	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> • Current radiology • XR- Shoulder AP/Lat/Axilla <p>Note: If “Patient Specific Implants-PSI” then patient will require a CT/MRI shoulder.</p> <ul style="list-style-type: none"> • Currently CT shoulder is used for these prostheses where the images are sent away for patient specific jigs to be made prior to surgery • Body Wash
Major Foot & Ankle Surgery	✓	✓	✓	As per Anaesthetic Guidelines or Clinically Indicated		<p>This includes: Fusion deformity Corrections, replacement, includes triple fusions, pan taller fusions, foot deformity corrections with tendon transfer and occasionally major osteotomies</p> <p>NOTE: If under <u>Mr Sasha Roshan-Zamir</u> – all patients should have ceased smoking 3 months prior to operation otherwise will be cancelled</p> <ul style="list-style-type: none"> • Current radiology -X-ray :AP, Lateral, WB, Mortise
Minor Wrist & Hand Surgery	As per Anaesthetic Guidelines or Clinically indicated					<p>This includes: wrist fusions, scaphoid non-union, carpal stabilizations, carpal tunnel release</p> <ul style="list-style-type: none"> • Current Radiology available
Minor Ortho	As per Anaesthetic Guidelines or Clinically indicated					<p>This includes: Removal of screws, removal of wire, Removal of plates, Removal of Exostosis</p> <ul style="list-style-type: none"> • Wrist fusion should be in Unit PAC • Current X-ray available
Removal of Metalware - Removal of Tibial nails	✓	As per Anaesthetic Guidelines or Clinically indicated				<p>More extensive than minor removal of screws or plates – needs to be in Unit PAC.</p> <ul style="list-style-type: none"> • Current X-ray available
Arthroscopy	As per Anaesthetic Guidelines or Clinically Indicated.					<ul style="list-style-type: none"> • Current radiology available of affected part. (X-rays, CT, MRI) • – Shoulder & knees should have previous MRI (may have been done externally)

Halux Valgus incl. lesser toe corrections	As per Anaesthetic Guidelines or Clinically indicated					<ul style="list-style-type: none"> • Current X-ray available
Major Limb deformity Correction	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> • Current radiology – X-ray to specific limb • Often requires alignment views • Check with Registrar regarding specifics • Do Not order X-rays until discussion with either Registrar or Mr Chris Harris.
Major Ortho -Spinal fusion -Laminectomy	✓	✓	✓	✓	✓	<ul style="list-style-type: none"> • Current Radiology of affected part

SPECIAL NOTES:

Radiology:

- Check all current radiology **within last 3 months or specific requests on W/L.**
No need for recent MRI or CT scans unless otherwise specified by Orthopaedic team
- Patients booked for Phone PAC: Unit should be aware of patients booked for Phone PAC and follow up any investigations, X-rays etc. that are required, or Pathology that may have been ordered via Phone PAC nurses. Ensure all checked pre-operatively.

Pathology:

- Pre-PAC Pathology and ECG for All Major Joints. Patients should have Pathology and ECG done before coming to PAC. Request slips will be sent to patient with PAC appointment letter. Unit to check Pathology results and action. If pre-op Iron infusion required, Unit to organize with MADU and have post infusion pathology check to ensure patient can proceed.
- Phone PAC Pathology follow up: PAC staff will check if Path if requested & notify the unit if abnormal or has not been viewed/checked. Phone PAC patients will need to be manually entered into the online database by Unit as required
- Pathology requests will be followed up by Unit. Unit to follow up date of surgery to ensure all Path OK before proceeding. Any abnormal Pathology ordered by PAC nurse at Phone PAC should also be noted on the patient's Electronic Medical Record as an addendum to the

original PAC notes (EMR) and indicated if actioned. Advise Bookings if surgery needs to be delayed.

- All Pathology (as per procedure/Anaesthetic guidelines) +/- any X-rays, to be done on day of PAC. Any extended G&H required for patients without dates, will need to be done at least 2/52 from procedure date. Patient to be given ext. G&H request slip with PAC appointment Bradma label attached. Bookings will notify patient of Operation date and site. Patient can fill in this information on request and have G&H taken within 2/52 of Operation date. Unit to follow up result, once patient given date.

MSU: M/C/S is no longer required in *asymptomatic* patients for Joint Replacement. If showing symptoms of possible UTI then testing should be done. Patients that have a history of recurrent or recent UTI should also be tested. Unit to follow up any positive urines & action. Treat for UTI if MSU +ve & Polymorphs >50. Unit will review results & treat patient pre-operatively as required. If surgery date delayed due to UTI, Unit to inform Bookings. MSU to be done no more than 2/52 from surgery dates.

Skin Integrity

- Unit are very specific about any skin breaks. Especially doing Phone PAC, please ask patient about any breaks in skin, if prone to tinea, ingrown toenails, open cuts etc. Unit doctors to check patient's skin during consultation. If patient has any skin breaks on day of surgery, patient will be cancelled.
- Fungal Nail infections: Patients with fungal nail infections, generally send back to GP to treat. From surgical point of view – not an issue to delay surgery. GP to bring treatment as required.

Joint Replacements:

- All joint replacements are to be reviewed by Anaesthetist and Anaesthetist will assess for campus suitability. If patient is not suitable for campus, NRFC form is completed in PAC, advise Patient (and document in notes), and Booking Office.
- Check Femoral donor head consent and paperwork complete if Tissue Bank Nurse attends.

ERAS PROTOCOL FOR HIP AND KNEE JOINT REPLACEMENTS

'Enhanced Recovery After Surgery' protocol is now included for Hip and Knee Joint replacements.

- Improvement and enhancement by reducing length of stay and re-admission rate, optimizing patient pre-operatively, early mobilization post Op and early Discharge. Aim for discharge < 3 days Post Op.
- Patient attends PAC appointment before surgery date and deemed suitable to proceed

- Patient given surgical date by Elective Surgery Bookings Office.
- Patient will also be booked for 'Pre-hab' session, before surgical date.
- 'Pre-Hab' sessions: patient will have access to videos, group discussions, Q & A and Physiotherapist, and be educated about ERAS and the Dex drinks.
- Once patient is given surgical date – they will come either Footscray or Sunshine Hospital to do their Pre-op Bloods, pick up the Body Wash and 2 x Dex (Tetra pack) drinks, with instructions.
- Dex drinks are **NOT suitable for Type 1 diabetics**.
- Type 2 Diabetics, should not have Dex drinks unless their BSL is < 10 mmol/L on day of surgery.
- Fasting instructions as usual, plus: Dex drink information
- AM Admission: Dex drinks: 1st at 0530 hours and 2nd at 0545 hours
- PM Admission: Dex drinks: 1st at 1030 hours and 2nd at 1045 hours

Campus suitability:

- Please indicate Campus suitability in your Plan on EMR (not only where patient is currently booked to). Indicate campus by campus name or abbreviation: WHF, WHS, TWH. Campus suitability will be entered into iPM on the Waiting List Comments Section & Dependent resource selection as follows for the bookings office: e.g WHF/WHS only. Unsuitable TWH.

CLINICAL NOTES ENTERED ON EMR

All doctor's notes are entered on EMR (Cerner). See information on how to enter notes & quick reference guide in each PAC consultation room.

Use Admission H&E template only. All updates or additions to PAC notes are entered as an addendum on the same episode. PAC does not use Progress Notes.

ANTICOAGULATION, ORAL HYPOGLYCAEMICS/INSULIN, AND HERBAL MEDICATION ADVICE

In general, any patient on anticoagulation should be ideally discussed with Anaesthetist and/or Specialist Physician depending on reason why they are taking the medication.

Please refer to Perioperative Management Anti-Platelets & NOACs on intranet under Dept. Anaesthesia and Pain Medicine.

<http://inside.wh.org.au/departmentsandservices/Anaesthetics/Pages/Preoperative->

[Guidelines.aspx](#) “*Perioperative Medication Management/Antiplatelet medications and Direct oral anticoagulants*” guideline

Warfarin: In consultation with the Anaesthetist a plan can be made when to use bridging Clexane pre-op. This will be dependent on the reasons why the patient is warfarinised. Haematology/Cardiology may be sought depending on the reasons for anticoagulation.

Aspirin/Clopidogrel: usually withheld **7 days prior** to surgery but can be checked with the Anaesthetist. This is dependent on the reasons for antiplatelet therapy (i.e. From Stent antiplatelet therapy to stroke prophylaxis)

Dabigatran (Pradaxa): Dabigatran is an oral active direct thrombin inhibitor. Issues relating to the use of Dabigatran include its lack of antidote, limited application in renal disease, and interaction with drugs such as Amiodarone and Verapamil. Discussion with Anaesthetist and/or Haematology is important for pre-op regime, depending on reason for taking Dabigatran.

Rivaroxaban (Xarelto): an oral anticoagulant that acts as a factor Xa inhibitor. Discussion with Anaesthetists and/or Haematology is important for pre-op regime. This is dependent on reasons for therapy.

DIABETIC MEDICATIONS:

Oral hypoglycaemic medications can be withheld on day of surgery. Patients on insulin will usually require a Pre-op Diabetic Plan. This should be done at time of PAC giving AM and PM plan advice. If further plan required or updated at time of booking for surgery date, this can be booked for Anaesthetic r/v by PAC nurses. If patient is booked to PM surgical list and on Insulin, patient will be advised of 0930 admission and bookings notified also.

Patients on SGLT2 inhibitors (Flozins) - Please see “*Perioperative Management of Diabetes in Non-pregnant Adults*” guidelines.

<http://inside.wh.org.au/departmentsandservices/Anaesthetics/Pages/Preoperative-Guidelines.aspx>

PATIENTS BOOKED FOR JOINT REPLACEMENT THAT HAVE

CORTICOSTEROID INJECTIONS

Patients booked for Joint replacement and have had corticosteroid injection into the operative joint within 6 months of surgery, will need to be discussed with the Unit Registrar whether it is appropriate to proceed. Unit to feedback to Bookings if date of surgery needs to be deferred

RHEUMATOLOGY MEDICATIONS

Fish oil/ Glucosamine and other supplements can be withheld **7 days prior to** surgery

Anti-rheumatoid medications should be discussed with Rheumatology for Pre and Post-Operative plan. Most agents would normally require cessations at least 1 week pre-op.

See guideline table next page: Reference: Goodman et al. Arthritis Care & Research, Vol. 69, No. 8, August 2017, pp 1111–1124

DMARDs: CONTINUE these medications through surgery.	Dosing Interval	Continue/Withhold
Methotrexate	Weekly	Continue
Sulfasalazine	Once or twice daily	Continue
Hydroxychloroquine	Once or twice daily	Continue
Leflunomide (Arava)	Daily	Continue
Doxycycline	Daily	Continue
BIOLOGIC AGENTS: STOP these medications prior to surgery and schedule surgery at the end of the dosing cycle. RESUME medications at minimum 14 days after surgery in the absence of wound healing problems, surgical site infection, or systemic infection.	Dosing Interval	Schedule Surgery (relative to last biologic agent dose administered) during
Adalimumab (Humira)	Weekly or every 2 weeks	Week 2 or 3
Etanercept (Enbrel)	Weekly or twice weekly	Week 2
Golimumab (Simponi)	Every 4 weeks (SQ) or every 8 weeks (IV)	Week 5 Week 9
Infliximab (Remicade)	Every 4, 6, or 8 weeks	Week 5, 7, or 9
Abatacept (Orencia)	Monthly (IV) or weekly (SQ)	Week 5 Week 2
Certolizumab (Cimzia)	Every 2 or 4 weeks	Week 3 or 5
Rituximab (Rituxan)	2 doses 2 weeks apart every 4-6 months	Month 7
Tocilizumab (Actemra)	Every week (SQ) or every 4 weeks (IV)	Week 2 Week 5
Anakinra (Kineret)	Daily	Day 2
Secukinumab (Cosentyx)	Every 4 weeks	Week 5
Ustekinumab (Stelara)	Every 12 weeks	Week 13
Belimumab (Benlysta)	Every 4 weeks	Week 5
Tofacitinib (Xeljanz): STOP this medication 7 days prior to surgery.	Daily or twice daily	7 days after last dose
SEVERE SLE-SPECIFIC MEDICATIONS: CONTINUE these medications in the perioperative period.	Dosing Interval	Continue/Withhold
Mycophenolate mofetil	Twice daily	Continue
Azathioprine	Daily or twice daily	Continue
Cyclosporine	Twice daily	Continue
Tacrolimus	Twice daily (IV and PO)	Continue
NOT-SEVERE SLE: DISCONTINUE these medications 1 week prior to surgery	Dosing Interval	Continue/Withhold
Mycophenolate mofetil	Twice daily	Withhold
Azathioprine	Daily or twice daily	Withhold
Cyclosporine	Twice daily	Withhold
Tacrolimus	Twice daily (IV and PO)	Withhold

Figure 1. Medications included in the 2017 American College of Rheumatology/American Association of Hip and Knee Surgeons Guideline for the Perioperative Management of Antirheumatic Medication in Patients with Rheumatic Diseases Undergoing Elective Total Hip or Total Knee Arthroplasty. Dosing intervals were obtained from prescribing information provided online by pharmaceutical companies. DMARDs = disease-modifying antirheumatic drugs; SQ = subcutaneous; IV = intravenous; SLE = systemic lupus erythematosus; PO = oral.

Guidelines for Ordering Basic Pre-Operative Investigations – Vers. Dec 2021

Determine Investigations to Order

Investigations performed **in the prior 3 months** do not need to be repeated, unless there has been a significant clinical change:

	Minor	Intermediate	Major
Pregnancy test	Determine if the patient could be pregnant and if so seek consent and arrange a pregnancy test		
FBE	No	<ul style="list-style-type: none"> Known cardiovascular, renal or haematological disease History of recent bleeding 	Yes
Iron Studies & CRP	No	No	Yes
U&E	<ul style="list-style-type: none"> Known renal disease At high risk of renal disease (e.g. long-standing diabetes, poorly controlled hypertension, heart failure) Procedures involving IV contrast Procedures requiring mechanical bowel preparation 	As for minor surgery, or Age ≥ 65	Yes
LFT	No	No	Known liver disease, or at high risk (e.g. heavy alcohol intake, jaundice)
TFT	No	<ul style="list-style-type: none"> On thyroid replacement therapy with poor compliance, or has not had thyroid function checked for 6 months Symptoms of thyroid dysfunction 	
HbA_{1c}	Yes, for all patients with known diabetes mellitus wherever possible		
Coagulation studies	No	Known bleeding disorder, severe liver disease DO NOT order for patients on oral anticoagulants For patients on warfarin order INR only	
G&H	No	No	Yes
Cross-match	No	No	<ul style="list-style-type: none"> If G&H shows antibodies Consider for cases done at a campus without a blood bank
ECG	No	Known cardiovascular or renal disease, or diabetes	As for intermediate surgery, or age ≥ 65
Urine MCS	All urology procedures except transperineal prostate biopsy		

Specific additional tests:

Procedure	Additional tests to order
Endometrial resection	FBE
Cholecystectomy	LFT
PCNL	Coagulation studies
Any aortic procedure (bypass, stenting, endarterectomy)	Cross match 2 units of red blood cells
Cystectomy, nephro-urectomy	Albumin
Parathyroidectomy	PTH, CMP, Vit D
Thyroidectomy	TFT, Calcium
Adrenalectomy	TFT, CMP, plasma metanephrines, dexamethasone suppression test, cortisol +/- renin aldosterone ratio, DHEA (discuss with the surgeon in PAC)
Bowel Resection	For patients with inflammatory bowel disease, add B12 and Albumin
Caesarean section	FBE, G&H. For pre-eclampsia add U&E, LFT, Coag studies

See Classification of Surgery Type on Separate sheet.

For Full Version of Policy & Procedure: [http://inside.wh.org.au/policies-procedures-](http://inside.wh.org.au/policies-procedures-forms/WHDocuments/Guidelines%20for%20Ordering%20Basic%20Pre-Operative%20Investigations.doc)

[forms/WHDocuments/Guidelines%20for%20Ordering%20Basic%20Pre-Operative%20Investigations.doc](http://inside.wh.org.au/policies-procedures-forms/WHDocuments/Guidelines%20for%20Ordering%20Basic%20Pre-Operative%20Investigations.doc)

CLASSIFICATION OF SURGERY TYPE (from Guidelines Ordering Pre-op Investigations – Version Dec 2021)

	Minor	Intermediate	Major
Physiological disturbance	Nil	Minor and lasting a short duration	Significant and lasting days
Hospital recovery period	Day case	Day or overnight	2 or more days
Require transfusion	No	Unlikely	Potential
Multiple	<ul style="list-style-type: none"> Excision of skin lesions Carpal tunnel release 		
Breast	<ul style="list-style-type: none"> Abscess Lumpectomy 	<ul style="list-style-type: none"> Partial mastectomy 	<ul style="list-style-type: none"> Total mastectomy Breast reconstruction / flap
Endoscopy	<ul style="list-style-type: none"> Gastroscopy Colonoscopy ERCP 	<ul style="list-style-type: none"> Colonic stent 	
General Surgery	<ul style="list-style-type: none"> Minor anorectal procedures: abscess, haemorrhoid surgery, fissure, fistula-in-ano Femoral hernia repair Minor testicular surgery Vasectomy 	<ul style="list-style-type: none"> Laparoscopic hernia repair Laparoscopic cholecystectomy Tenckhoff catheter insertion Parathyroid and thyroid surgery Appendicectomy Pilonidal excision / karydarkis / flap repair Trans-anal resection / minimally invasive surgery Delormes procedure Ventral rectopexy 	<ul style="list-style-type: none"> Laparotomy Open hernia repair Gastro-oesophageal surgery: gastrectomy, fundoplication, oesophagectomy Kidney or adrenal surgery Whipple's / pancreatic / liver surgery Splenectomy Bowel resection including resection rectopexy Reversal of ileostomy / colostomy Stricturoplasty
Gynaecology	<ul style="list-style-type: none"> LLETZ / cone biopsy D & C / Mirena insertion Endometrial ablation 	<ul style="list-style-type: none"> Laparoscopic adnexal surgery e.g. ovarian cystectomy 	<ul style="list-style-type: none"> Vaginal vault & pelvic floor surgery Hysterectomy (vaginal, laparoscopic or abdominal)
Head & Neck Surgery	<ul style="list-style-type: none"> Dental day cases Micro-laryngoscopy Submandibular gland resection and lymph node biopsy 	<ul style="list-style-type: none"> Vocal cord surgery Tonsil / adenoidectomy Nasal surgery: FESS, septo-rhinoplasty, polypectomy Mastoidectomy Myringoplasty, tympanoplasty 	<ul style="list-style-type: none"> Neck dissection Laryngectomy Major floor of mouth, lip or tongue surgery Maxillary / mandibular osteotomy
Neurosurgery			<ul style="list-style-type: none"> Spinal fusion incl. ACDF Laminectomy / discectomy
Orthopaedics	<ul style="list-style-type: none"> Arthroscopy Wrist surgery 	<ul style="list-style-type: none"> Minor ORIF Removal of metalware 	<ul style="list-style-type: none"> Major ORIF Joint replacement Major ankle / foot surgery Limb deformity correction
Plastics	<ul style="list-style-type: none"> Minor skin graft (<5% TBSA) Minor procedures e.g. wound repair, VAC & Hand surgery 	<ul style="list-style-type: none"> Moderate skin graft (5-10% TBSA) Breast reduction or enhancement 	<ul style="list-style-type: none"> Major skin graft (>10% TBSA) Reconstruction / flap Apronectomy / lipectomy
Thoracics	<ul style="list-style-type: none"> Flexible Bronchoscopy 	<ul style="list-style-type: none"> Rigid Bronchoscopy VATS 	<ul style="list-style-type: none"> Lobectomy Thoracotomy Sympathectomy Thymectomy
Urology	<ul style="list-style-type: none"> Videodynamics Flexible cystoscopy TRUS biopsy of prostate 	<ul style="list-style-type: none"> Rigid cystoscopy 	<ul style="list-style-type: none"> Cystectomy or radical prostatectomy Nephrectomy Pyeloplasty / PCNL TURP / HoLEP TURBT Urolift
Vascular	<ul style="list-style-type: none"> Toe/forefoot amputation 	<ul style="list-style-type: none"> Angiogram / plasty / stent Fistulogram / plasty Radiofrequency ablation Varicose vein surgery 	<ul style="list-style-type: none"> Aortic surgery Open AAA, EVAR / stent Aorto-femoral or peripheral bypass Endarterectomy AVF formation

<p>PRE - OPERATIVE TRIAGE SCREENING</p>	<p>MINOR SURGERY < 1 Hour MIN TISSUE DAMAGE</p> <p>Surgery involving little risk to the life of the patient; <i>specifically</i>: an operation on the superficial structures of the body or a manipulative procedure that does not involve a serious risk often under LA.</p> <ul style="list-style-type: none"> • Excision of skin lesion. • Hysteroscopy/ D&C • cone biopsy; • Endoscopy • Cystoscopy; • Cataract surgery; • Carpal tunnel release 	<p>INTERMEDIATE SURGERY >1 to 2 Hours MOD TISSUE DAMAGE</p> <p>Surgery involving a moderate risk to the life of the patient; <i>specifically</i>: an operation upon an organ within the abdomen, or pelvic cavity.</p> <ul style="list-style-type: none"> • laparoscopic cholecystectomy; • Inguinal hernia repair; • VV's • Tonsillectomy/Adenoidectomy • tubal ligation; arthroscopy 	<p>MAJOR SURGERY > 2.0 hrs EXTENSIVE TISSUE DAMAGE</p> <p>Invasive operative procedure in which a more extensive resection is performed, e.g. a body cavity is entered, organs are removed, or normal anatomy is altered. In general, if a mesenchymal barrier is opened (pleural cavity, peritoneum, meninges), the surgery is considered major.</p> <ul style="list-style-type: none"> • Major intra -abdominal surgery; • Major urology procedure • Major Neurosurgery • Thoracic surgery • Major Orthopaedic/joints surgery
<p>PHYSIOLOGICAL DISTURBANCE</p>	<p>Nil</p>	<p>Minor and lasting a short duration</p>	<p>Significant and lasting days</p>
<p>HOSPITAL RECOVERY PERIOD</p>	<p>DAY CASE</p>	<p>DAY OR OVERNIGHT</p>	<p>2 OR MORE DAYS</p>
<p>BLOOD TRANSFUSION</p>	<p>NO</p>	<p>Unlikely</p>	<p>Potential</p>
<p>Age < 40</p>	<p>No PAC or Phone PAC unless clinically indicated</p>	<p>No PAC or Phone PAC if clinically indicated</p>	<p>Surgical PAC +/- Anaesthetics As per guidelines</p>
<p>Age 40- 60 years</p>	<p>No PAC or Phone PAC unless clinically indicated</p>	<p>No PAC Phone PAC - As per guidelines/clinically indicated</p>	<p>Surgical PAC +/- Anaesthetics As per guidelines</p>
<p>Age >60</p>	<p>No PAC or Phone PAC unless clinically indicated.</p>	<p>No PAC, Phone PAC or Surgical PAC +/- Anaesthetics as clinically indicated</p>	<p>Surgical PAC + Anaesthetics As per guidelines</p>

PAC CLINIC

- ◆ **No PAC** or Phone PAC - [check guidelines above for Minor, Intermediate surgery](#), if clinically indicated
- ◆ **Major surgery** - book to PAC clinics +/- with Anaesthetist. This can be by Telehealth or Face to Face (F2F)
- ◆ **PHONE PAC** – Nurse PAC has remote Anaesthetic support if required. Can escalate to Anaes or Unit r/v or File review as needed.
- ◆ **Clinic PAC** – Surgical Unit intern or HMO in attendance & the Major clinics have Anaesthetist in attendance – see PAC timetable

<u>MINOR PROCEDURES</u>	<u>INTERMEDIATE SURGERY</u>	<u>MAJOR SURGERY</u>
Under 1 hour	> 1 – 2 hours	> 2 hours
<p>ORTHOPAEDIC</p> <p>Arthroscopy</p> <p>Removal screws, plates, exostosis</p> <p>Carpal Tunnel Release (needs Nerve Conduction study)</p> <p>Claw Toes, Splayed foot</p> <p>Halux Valgus (Bunion)</p> <p>NO PAC / SPACPHONE vs Minor Unit PAC (FPACORTH – Mon) Check clinical indications for correct PAC</p>		<p>Joint replacement Knee, Hip, Shoulder, Ankle</p> <p>Other Major Ortho Femoral Nails, Femoral plates, Tibial Plateau</p> <p>Spinal Fusion/Laminectomy</p> <p>FPACORTH - Thurs / SPACORTH – Tues (Has Anaes support)</p>