

Orthopaedic PAC Guidelines

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Mr. Phong Tran

Consultants:
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WHF: Interns #609, #996, HMOs #632 #843

WHS: Intern #467, HMO #227

Procedure	FBE	UEC	ECG	Ext G&H	Anae s	Imaging/Other
Total Hip Replacement						<ul style="list-style-type: none"> ● CRP, Fe studies, Coags ● Urine MCS – if symptomatic only ● Current radiology ● X-ray – Hip AP, Lateral, Charnley <ul style="list-style-type: none"> ○ ALL Radiology request slips need “with template markings for calibration” written on XR slip ● RAPT form completed ● Occupational Therapy (at PAC) <ul style="list-style-type: none"> ○ WHF – Thurs & WHS – PAC clinics ● Body Wash
Total Knee Replacement						<ul style="list-style-type: none"> ● CRP, Fe studies, coags ● Urine MCS – if symptomatic only ● Current Radiology ● X-ray – Knee AP, Lateral, Skyline, WB PA 20° flexion/bilateral long leg views WB <ul style="list-style-type: none"> ○ ALL Radiology request slips need “with template markings for calibration” written on XR slip ● Note: If “Patient Specific Implants – PSI”, then patient will require CT/MRI Knee <ul style="list-style-type: none"> ○ Currently CT Knee is used for these prosthesis where the images are sent away for patient specific jigs to be made prior to surgery ● RAPT form completed ● Occupational Therapy (at PAC) <ul style="list-style-type: none"> ○ WHF – Thurs & WHS – PAC clinics ● Body Wash
Total Shoulder Replacement						<ul style="list-style-type: none"> ● CRP, Fe studies, coags ● Current Radiology including CT ● X-ray – Shoulder AP, Lateral, Axillary ● Note: If “Patient Specific Implants – PSI”, then patient will require CT/MRI Shoulder <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
						<ul style="list-style-type: none"> ● Body Wash
Procedure	FBE	UEC	ECG	Ext G&H	Anaesthetics	Imaging/Other
Major Foot & Ankle Surgery (Fusion/Deformity Corrections/Replacement)					CI	<ul style="list-style-type: none"> ● Current Radiology ● X-ray – AP, Lateral, WB, Mortise
Hallux Valgus Lesser Toe Corrections			CI		CI	<ul style="list-style-type: none"> ● Current Radiology ● X-ray – AP, Lateral, WB
Wrist & Hand			CI		CI	<ul style="list-style-type: none"> ● Current Radiology ● X-ray – AP, Lateral
Limb lengthening and/or deformity correction						<ul style="list-style-type: none"> ● Current Radiology ● X-ray specific to limb ● Often requires alignment views ● Check with Registrar regarding specifics ● DO NOT order X-rays prior to discussion with either registrar or Mr. Chris Harris
Knee Arthroscopy ACL Reconstruction			CI		CI	<ul style="list-style-type: none"> ● Current Radiology ● X-rays – AP, Lateral ● Should have previous MRI – may be external
Shoulder Arthroscopy, Decompression, Stabilization & Rotator Cuff Repairs			CI		CI	<ul style="list-style-type: none"> ● Current Radiology ● X-ray – AP, Lateral, Axillary ● Should have previous MRI – may be external
Removal of Metal			CI		CI	<ul style="list-style-type: none"> ● Current Radiology ● X-ray of affected body part
Major Ortho Spine						<ul style="list-style-type: none"> ● Current Radiology ● X-rays of affected body part
Minor Ortho Removal of screw Removal of plates Removal of exostosis			CI		CI	<ul style="list-style-type: none"> ● Current Radiology ● X-rays of affected body part

: Investigation that must be done

CI : Investigation to be done if clinically indicated or as per anaesthetic guidelines

Special Note:

Radiology:

- Check all current radiology **within the last 3 months or specific requests on waitlist**
- No need for recent MRI or CT scans unless otherwise specified by Orthopaedic team

Pathology:

- Pathology requests from face to face PAC will be followed up by Unit on the PAC follow up database at Sunshine and Footscray PAC. Any abnormal pathology from these clinics should be noted on BossNet DMR and indicated if actioned and IPM entry to reflect outcome.
- Phone PAC Pathology follow up to be followed up by unit on PAC follow up database; Phone PAC patients will need to be manually entered into the database
- All Pathology (as per procedure 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 extended G&H request slip (with patient labels from PAC appointment) for later.
- **MSU:** Only do be done if symptomatic or history of recurrent or recent UTI. M/C/S results – UTI's: +ve M/C/S & Polymorphs >50 to be reported to Unit. MSU to be done no more than 2/52 from procedure. Unit will f/u any +ve Urines and action.

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, fungal nail infection, ingrown toenails, open cuts etc. If patient has any skin breaks on day of surgery, patient will be cancelled.

Joint Replacements:

- All joint replacements are to be reviewed by Anaesthetist and they will assess for campus suitability. If patient is not suitable for campus, NRFC form is completed in PAC, advise Patient (and document in notes), Unit and Booking Office.

Campus suitability –

- Please indicate in Plan. This will be entered into iPM on Waiting List Comments Section as follows:
 - Footscray Only – WHF only
 - Footscray or Sunshine - WHF/WHS
 - All major campuses – WHF/WHS/TWH

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 or if specific instructions are noted on booking form.

Anticoagulation: (Refer to Western Health Guidelines – Updated February 2017)

- **Warfarin – Not on Western Health Guidelines:**
 - In consultation with the Anaesthetist or physician, 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 – Refer to Western Health Guidelines – Updated February 2017:**
 - Usually withheld **7 days prior** to surgery.
 - This is dependent on the reasons for antiplatelet therapy (ie. From Stent antiplatelet therapy to stroke prophylaxis)
- **Dabigatran (Pradaxa) – Refer to Western Health Guidelines – Updated February 2017:**
 - 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) – Refer to Western Health Guidelines – Updated February 2017:**
 - 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 plan from Endocrinology regarding the insulin regime pre-op and peri-op - FENDOCRIN F/R to be booked – this is usually done by PAC nurse. If patient is booked to pm list and on Insulin, patient will be advised of 0930 admission and bookings notified also.

Herbal Advice:

- **Fish oil/ Glucosamine** and other supplements can be withheld **7 days prior** to surgery
- Patients who are booked for a **joint replacement** and have had a **corticosteroid injection** into the operative joint within 6 months of surgery will need to be discussed with the Unit Registrar regarding whether it is appropriate to proceed

Rheumatological Medications

- Anti-rheumatoid medications should be discussed with Rheumatology for pre- and post-operative plan. Most agents normally require cessation at least 1 week prior.

APPROVED HEAD OF UNIT : _____

DATE: 31/5/2017