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hip (THA) and total knee arthroplasty (TKA) are widely used, successful procedures for symptomatic end stage arthritis of the hips or knees, but patients with rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), and spondyloarthritis (SPA) including ankylosing spondylitis (AS) and ps

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including ankylosing spondylitis (AS) and psoriatic arthritis (PSA) are at higher risk for adverse events after surgery.

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patient monitoring and care. The
operative risks are assessed prior to
surgery by considering patient history,
physically examining the patient, and
conducting any tests deemed necessary.

Perioperative management - Knowledge for medical students ...

Anesthesiology as a specialty is

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therefore well placed to assume a leading role in optimizing each patient's perioperative management with the aim to safely minimize VTE risk. The goal of this article is not to review current evidence-based prophylaxis guidelines, but rather to examine emerging concepts in deep venous thrombus formation and ...

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Postoperative cognitive dysfunction. This is common in this group of patients. Management includes adequate analgesia, nutrition and hydration, electrolyte balance, appropriate medication, optimising bowel habit,

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mobilisation and also identifying and
treating any infection or silent
myocardial ischaemia.

Perioperative Management of Hip Fracture Patients ...

The following principles inform the management of chronic medications in the perioperative period: ● A complete

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Joint Arthroplasty How To medication history should be obtained, and all clinicians involved in patient management (eg, surgeon, anesthesiologist, medical consultants) should review the medication history.

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perioperative stress anticipated.
Anticipated ICU stays postoperatively
Medical Conditions that may warrant an
ASA III or IV status, and would benefit
from a Preoperative Assessment at the
CPO: General Conditions: Medical

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Condition inhibiting ability to engage in
normal daily activity – unable to climb
two flights of stairs without

Center for Perioperative Optimization

Analyze the risks and benefits
underlying perioperative management of
antiplatelet and anticoagulant

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medications. Recognize the importance of continuing most cardiovascular medications perioperatively. Recognize the importance of continuing most pulmonary medications perioperatively. Assess when stress dose steroids are indicated and manage other endocrine medications in the perioperative period.

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operative outcomes, and we review the pertinent literature and provide a simple, evidence-based algorithm for immediate post-resection glycemic control.

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