

## ANESTHESIA - SHORT TERM ACCELERATED RECOVERY (STAR) HIP OR KNEE ARTHROPLASTY CHECK LIST

PCIS LABEL

**\*\*All boxes must be ticked to qualify for STAR\*\***

### Procedure:

- ☐ Single Joint Primary Hip Or Knee Arthroplasty.
- ☐ Age  $\leq$  75 years.

### Pre-Anesthetic Risk Assessment:

- ☐ Patient must first meet "UBCH OR Suite Patient Selection Criteria – VA Dept of Anesthesiology & Perioperative Care" (May 2022), beyond which the following criteria are needed for STAR.
- ☐ Absence of significant / functionally limiting Cardiac, Respiratory or Neurologic Disease.
- ☐ Prescription Opioid Medication use NOT to exceed one prn dose in a day, and used no more than 3 times per week.
- ☐ No excessive alcohol intake (>2-3 drinks per day or regular binge drinking) or illicit drug use.
- ☐ No allergy, adverse reactions, intolerances or contraindications to acetaminophen, NSAIDs or opioids.
- ☐ BMI < 35.
- ☐ Obstructive Sleep Apnea (OSA) Screening (tick which of the following applies):
  - ☐ Hip Arthroplasty: OSA Screening Not Applicable,
  - ☐ Knee Arthroplasty: Polysomnography confirmed absence of significant OSA, or
  - ☐ Knee Arthroplasty: STOP-BANG score < 5.
- ☐ TUG ("Timed Up and Go") test < 10 sec. **[Appendix 1]**
- ☐ Absence of Cognitive dysfunction (all patients  $\geq$  65 years old or any patient with a question of cognitive dysfunction are screened with a "Mini-Cog" test). **[Appendix 2]**
- ☐ Not felt to be at increased risk of post-op delirium. **[for potential risk factors, see Appendix 3].**
- ☐ No history or risk of urinary retention; absence of prostate disease that may increase risk of urinary retention.
- ☐ No significant medical diagnosis of concern not otherwise noted.

### Labs Review:

- ☐ Hemoglobin AND Platelets within normal range.
- ☐ eGFR  $\geq$  60.
- ☐ NTproBNP < 200ng/L or BNP < 92ng/L (all STAR patients  $\geq$  45 years old. Not applicable if age is less than 45 years).
- ☐ No other significant lab abnormalities of concern.

### Anesthesia Consult Clinic Review (tick which box applies):

- ☐ Qualifies as STAR Patient.
- ☐ Qualifies as STAR Patient pending lab result: \_\_\_\_\_
- ☐ Does NOT Qualify as STAR Patient – removed from the STAR Pathway.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review Completed by: Print Name

\_\_\_\_\_  
Signature

### Day of Surgery:

- ☐ Attending Anesthesiologist agrees criteria for STAR has been met on the Day of Surgery.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attending Anesthesiologist: Print Name

\_\_\_\_\_  
Signature

## **APPENDIX 1:**

### **Timed Up and Go (TUG) Test:**

The patient is asked to perform the following:

- Rise from a standard arm chair, walk to a line on the floor 3 metres away, turn around, return to the chair, and sit down again.
- The score given is the time taken to complete the test in seconds. Time must be < 10 seconds to qualify as a STAR Patient.

## **APPENDIX 2:**

### **Mini-Cog Test:**

Online forms for completing Mini-Cog (please include with surgical booking package if completed):

[http://mini-cog.com/wp-content/uploads/2018/03/Standardized-English-Mini-Cog-1-19-16-EN\\_v1-low-1.pdf](http://mini-cog.com/wp-content/uploads/2018/03/Standardized-English-Mini-Cog-1-19-16-EN_v1-low-1.pdf)

Step 1: Three words repeated back and remembered by patient (eg. "Leader, Sunshine, Table")

Step 2: Draw a clock on a circle by first putting in the numbers, then the time as 10 past 11.

Step 3: Recall the three words from Step 1. Must ask for word recall within 3 minutes of Step 1.

Results:

- All 3 words recalled - no cognitive dysfunction.
- None of the 3 words recalled - cognitive dysfunction.
- 1 or 2 words recalled - use Clock Drawing Test (CDT) to evaluate further:
  - Normal clock numbers and time - no cognitive dysfunction.
  - Abnormal clock numbers or time - cognitive dysfunction.

## **APPENDIX 3:**

### **Perioperative Delirium:**

Risk Factors associated with Perioperative Delirium include the following:

- Advanced age ( $\geq 70$ ).
- Preop cognitive impairment.
- Decreased functional capacity.
- Alcohol abuse.
- A previous history of delirium.
- Preoperative use of benzodiazepines, anticholinergics or polypharmacy.