

TABLE 2: INTEGRATED CLINICAL PATHWAY RECOMMENDATIONS FOR PREVENTING POOR PAIN MANAGEMENT

Before TKA/THA	During (acute stay) TKA/THA	After TKA/THA
<i>Algometer pre-op pain tolerance assess patient for pain tolerance (M)</i> <i>Detect catastrophizing (M) and mitigate narcotic use (M)</i>	<i>Regional anesthesia (M)</i> <i>IV Dexamethasone 10 milligram preoperative day of surgery and postoperative day 1 (S)</i>	<i>Avoidance of strong venous thromboembolism chemoprophylaxis in low-risk TKA/THA patients (S)</i>
Pre-empt pain with regional analgesia and multimodal medications NOT narcotics (S)	<i>Wound cocktail deep tissue injection and sensory blocks safer than femoral nerve block (S)</i> <i>Bupivacaine DepoFoam suspension periarticular injection (M)</i>	Continue multimodal pain medication (S)
<i>Preoperative multimodal medication initiation (S)</i>	<i>Decreased tourniquet time for ischemia minimization and deep venous thrombosis reduction (M)</i>	<i>Reduce or eliminate singular reliance on narcotics to avoid narcotic side effects (M)</i>
<i>Pharmacogenetic testing for medication optimization (I)</i>	<i>Less-invasive surgical approach (M)</i>	<i>Link patient satisfaction with optimized pain control (M)</i>

Bold text = hospital implementation; Italic text = surgeon preference; S = strong evidence supports; M = moderate evidence supports; I = indeterminate evidence

Source: Mark A. Snyder, MD