

Victoria Enhanced Recovery Arthroplasty (VERA) Protocol

You may have seen us in the news recently - RebalanceMD is excited to collaborate with Island Health to deliver enhanced recovery protocols that enable select patients to go home on the same day as their total joint replacement surgery.

Thanks to the involvement of a multidisciplinary team approach, advancements in surgical and anaesthesia techniques, and better peri-operative protocols we have been able to address potential challenges for the patient such as pain, nausea and vomiting, dizziness, and difficulty mobilizing. By addressing these issues pre-emptively, we have been able to improve the overall surgical experience for our patients without increasing the risk of complications.

Please note: The majority of our patients will still be admitted for 24-48 hours after surgery. However, many of the enhanced protocols and advancements from the VERA program will be applied to all patients coming in for hip and knee surgery. Suitability for the same-day discharge program will be assessed by the RebalanceMD surgeons, anaesthesiologists, and Navigators – existing patients currently under our care do not need to contact us request to be considered as candidates.

The entry process to be seen by our Musculoskeletal Physician Specialists remains the same (Referral from a General Practitioner is required). More information about referring and being referred can be found here: <https://rebalancemd.com/referring/>

Patients suitable for consideration of the same-day discharge program:

- ▶ Simple primary total hip or knee replacement (partial/total)
- ▶ <75 years old
- ▶ Appropriate post-operative support in place
- ▶ Previous independent living
- ▶ Previous independent ambulator (cane/brace OK)
- ▶ Local address (within 1.5 hour drive, no ferry)
- ▶ Willing patient/low anxiety

Patients that prefer to be admitted to hospital for observation after surgery still have that option available.

Patients excluded from the program:

- ▶ BMI > 40
- ▶ Psychiatric comorbidities/Dementia/History of depression or anxiety
- ▶ History of urinary retention
- ▶ History of thromboembolism (blood clots)
- ▶ Anticoagulation therapy (e.g. warfarin, Plavix, heparin, rivaroxaban, apixaban)
- ▶ Significant medical comorbidity (e.g. but not limited to: diabetes, heart disease, Atrial fibrillation, Renal failure, bleeding disorder)
- ▶ Neurological/balance disorder
- ▶ Chronic narcotic use/pain syndromes