Anesthesia Protocol for Ankle and Foot Surgery

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Surgeon: Loretta Chou

Background: Since standardization may improve outcome and safety, the Department of Anesthesiology is working with the orthopedic service to help provide a standard operating procedure for the best practice of anesthesia and postoperative pain control. We are attempting to combine efficient practice with the best anesthesia care to optimize surgical conditions. We understand, however, that each patient has unique characteristics, but the document is intended to serve as a guideline for care.

Increasing Efficiency

	Surgeons	Nurses	Anesthesia in room	Regional team 721-6276
First case	- Make attempts at scheduling non regional cases as first case of the day - Schedule patients as G/R when appropriate - Patients are informed in clinic that several anesthesia options will be made available day of surgery - Ensure that consents up to date.	- Preop nurses to make it a priority to get regional patients ready	- Place the IV. - Allow regional team to take priority in speaking with the patient to allow sufficient time for the block.	- Regional resident to call preop holding and prioritize 2 patients for blocks to be made ready - Make efforts to have no blocks start 20 minutes prior to surgery start time.
Subsequent cases	- Towards the end of the hour of the case in the OR notify anesthesiologist time to put in next block.	- Preop nurses to make it a priority to get regional patients ready - Call in patients 3 hours in advance (after the first case of the day) if case booked as G/R	- Communicate with the regional team an hour before case start to place blocks	

Information on types of blocks

- Naturally GA is also available to all procedures where patients refuse blocks.
- Dr. Chou has requested muscle relaxation (MR) for some cases and this should be clarified with discussion between the anesthesia team in the room and the surgeon.
- Most of Dr. Chou's cases are 2-3 hours so MAC patients should be prepared.
- Consideration for popliteal catheters should be on a case-by-case basis.
- No toradol for fractures, fusions and arthrodesis.

Case	Position	Tourniquet placement	Preferred anesthesia	Secondary option	Regional only option
Fusion/Arthrodesis ankle, subtalar, double, triple	Supine	Thigh	Popliteal block + GA	SAB	Femoral + Sciatic
Fractures ORIF ankle, lateral malleolus, bimalleolar, trimalleolar ,calcaneus, talus, lisfranc	Supine	Thigh	Popliteal + GA +/- muscle relaxation (MR)	SAB	Femoral + Sciatic
Arthroscopy OATS, ankle arthroscopy	Supine	Thigh	Popliteal + GA with MR		none
Forefoot hammer toes, distal metatarsal osteotomy, bunion, hallux valgus, chevron osteotomy, proximal crescentic osteotomy, 1st MTPJ arthrodesis/fusion	Supine	Ankle esmarch	Popliteal + Saphenous + MAC	Ankle block + MAC	See previous
Ligaments and tendons modified brostrom procedure, bridle procedure, posterior tibial tendon reconstruction	Supine	Thigh	Popliteal + GA	SAB	Femoral + Sciatic
Posterior Foot calcaneal osteotomy	Supine	Thigh	Popliteal + GA	SAB	Femoral + Sciatic
Posterior Foot achilles repair	Prone	Thigh	Popliteal + GA	SAB	Femoral + Sciatic