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Total 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 psoriatic arthritis (PSA) are at higher risk for adverse events after surgery.

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Perioperative management consists of preoperative patient evaluation as well as intraoperative and postoperative patient monitoring and care. The operative risks are assessed prior to

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Arthroplasty. How To Control surgery by considering patient history, physically examining the patient, and conducting any tests deemed necessary.

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Anesthesiology as a specialty is 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 ...

Perioperative Venous Thromboembolism: A Review ...

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, mobilisation and also identifying and

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

REFERENCES - UpToDate

Perioperative Medical Management for Total Joint Arthroplasty : How to Control Hemostasis, Pain and Infection, Hardcover by Baldini, Andrea (EDT); Caldora, Patrizio (EDT); Sculco, Thomas P. (FRW), ISBN 3319072021, ISBN-13 9783319072029, Like New Used, Free shipping

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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 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

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antiplatelet and anticoagulant 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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Successful perioperative surgical management of total pancreatectomy

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and resulting pancreatogenic diabetes is critical to achieve acceptable post-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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