

# Surgical Hard Stops, Elective Sports Medicine, Outpatient/Inpatient, Guideline

Updated: August 31, 2020

**Clinical algorithm:** N/A

## Clinical guideline summary

**CLINICAL PATHWAY NAME:**

Sports Medicine Surgical Hard Stops

**PATIENT POPULATION AND DIAGNOSIS:**

Sports Medicine Elective Surgeries

**APPLICABLE TO:** All Spectrum Health Sites

**BRIEF DESCRIPTION:**

Establishing guidelines for surgical hard stops and optimization prior to elective sports medicine surgery. These are hard stops for elective surgery with some exceptions:

- HgbA1C above 8.0%
- Active tobacco/nicotine use – Active is defined as use of tobacco or nicotine replacement therapies (gum, patch, lozenge, vapors) more than twice a week. A negative urine nicotine 3 weeks after quit date is used to confirm cessation.
- Use of >90 MME without attempt to lower dosage

**OVERSIGHT TEAM LEADER(S):** Kendall Hamilton Section Chief Sports Medicine SHMG;  
Sports Medicine Committee Chair Spectrum Health

**OWNING EXPERT IMPROVEMENT TEAM (EIT):** Ortho Sports Medicine

**MANAGING CLINICAL PRACTICE COUNCIL (CPC):** Orthopedic Health Clinical Practice Council

**OTHER TEAM(S) IMPACTED (FOR EXAMPLE: CPCs, ANESTHESIA, NURSING, RADIOLOGY):** Anesthesia, Surgical Optimization Center

**IMPLEMENTATION DATE:** 1/01/2020

**LAST REVISED:** 01/01/2020

**FOR MORE INFORMATION, CONTACT:** Kendall Hamilton, MD

## **Clinical pathways clinical approach**

### **TREATMENT AND MANAGEMENT:**

General Principles:

- Supported by evidence
  - Specific to surgical patient subtypes
  - Not absolute, but can only be overridden by a process of appeal
1. Orthopedics Sports Medicine – Elective Procedures
    - Elective (Non-Urgent/Emergent) – shoulder, knee, elbow, hip arthroscopy cases. This includes ligament reconstruction, meniscus repair, rotator cuff repair, sub acromial decompression, and labral surgery.
    - Shoulder replacement in the absence of fracture; dislocation
    - Total and reverse shoulder arthroplasty
    - Total elbow
  2. Elective Ortho procedures for Sports Medicine
  3. HgbA1C above 8.0%
    - Our study suggests that chronic hyperglycemia (A1C >8%) is associated with poor surgical outcomes (longer hospital LOS). Providing a preoperative intervention to improve glycemic control in individuals with A1C values >8% may improve surgical outcomes, but prospective studies are needed.<sup>1</sup>
  4. Active tobacco/nicotine use – Active is defined as use of tobacco or nicotine replacement therapies (gum, patch, lozenge, vapors) more than twice a week. A negative urine nicotine 3 weeks after quit date is used to confirm cessation. Surgical patients may benefit from intensive preoperative smoking cessation interventions. These include individual counselling initiated at least 4 weeks before operation and nicotine replacement therapy.<sup>2</sup>
    - The following urgent/emergent procedures would not be held to the tobacco/nicotine criteria:
    - Acute Tendon/Ligament/Muscle Ruptures
    - Functional Instability – Instability performing ADL's
    - Fractures
    - Locked Joint
  5. Use of >90 MME without attempt to lower dosage

- Overdose risk increases in a dose–response manner, at least doubling at 50 to 99 morphine milligram equivalents (MME) per day and increasing by a factor of up to nine at 100 or more MME per day, as compared with doses of less than 20 MME per day.<sup>2</sup> Overall, 1 of every 550 patients started on opioid therapy died of opioid-related causes a median of 2.6 years from his or her first opioid prescription; the proportion was as high as 1 in 32 among patients receiving 200 MME or higher.<sup>5</sup> We know of no other medication routinely used for a nonfatal condition that kills patients so frequently.<sup>3</sup>

## References:

1. American Diabetes Association: Preoperative A1C and Clinical Outcomes in Patients With Diabetes Undergoing Major Noncardiac Surgical Procedures Patricia Underwood<sup>1</sup>, Reza Askari<sup>2</sup>, Shelley Hurwitz<sup>1,3</sup>, Bindu Chamarthi<sup>1</sup> and Rajesh Garg<sup>1</sup> Diabetes Care 2014 Mar; 37(3): 611-616.
2. Effect of preoperative smoking cessation interventions on postoperative complications and smoking cessation T. Thomsen, H. Tønnesen, A. M. Møller First published: 08 April 2009
3. Reducing the Risks of Relief — The CDC's Opioid-Prescribing Guideline N Engl J Med. 2016 Apr 21; 374(16): 1501–1504. Thomas R. Frieden, M.D., M.P.H. and Debra Houry, M.D., M.P.H