

Title: Continuous Adductor Canal Block (CACB) for ambulatory total knee arthroplasties: A pilot project at Toronto Western Hospital

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INTRO

- This report describes our experience in establishing CACB service for ambulatory TKA while responding to feedback using Quality Improvement (QI) principles

METHODS

- After thorough discussion and consent pre-operatively, adductor canal block catheters are inserted either pre or post operatively
- Catheters are inserted using trans-fascial oblique approach to prevent dislodgement (*figure 1 & 2*)
- Successful discharge would depend on ability to perform physiotherapy and pain management. Patients are followed up post-operatively and daily until catheter is removed.

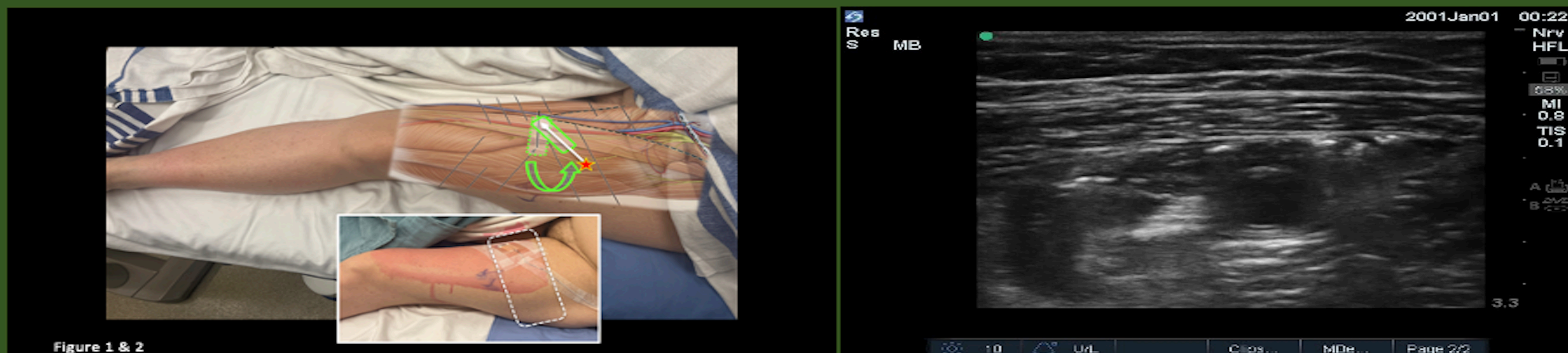
RESULTS

Our first 50 patients:

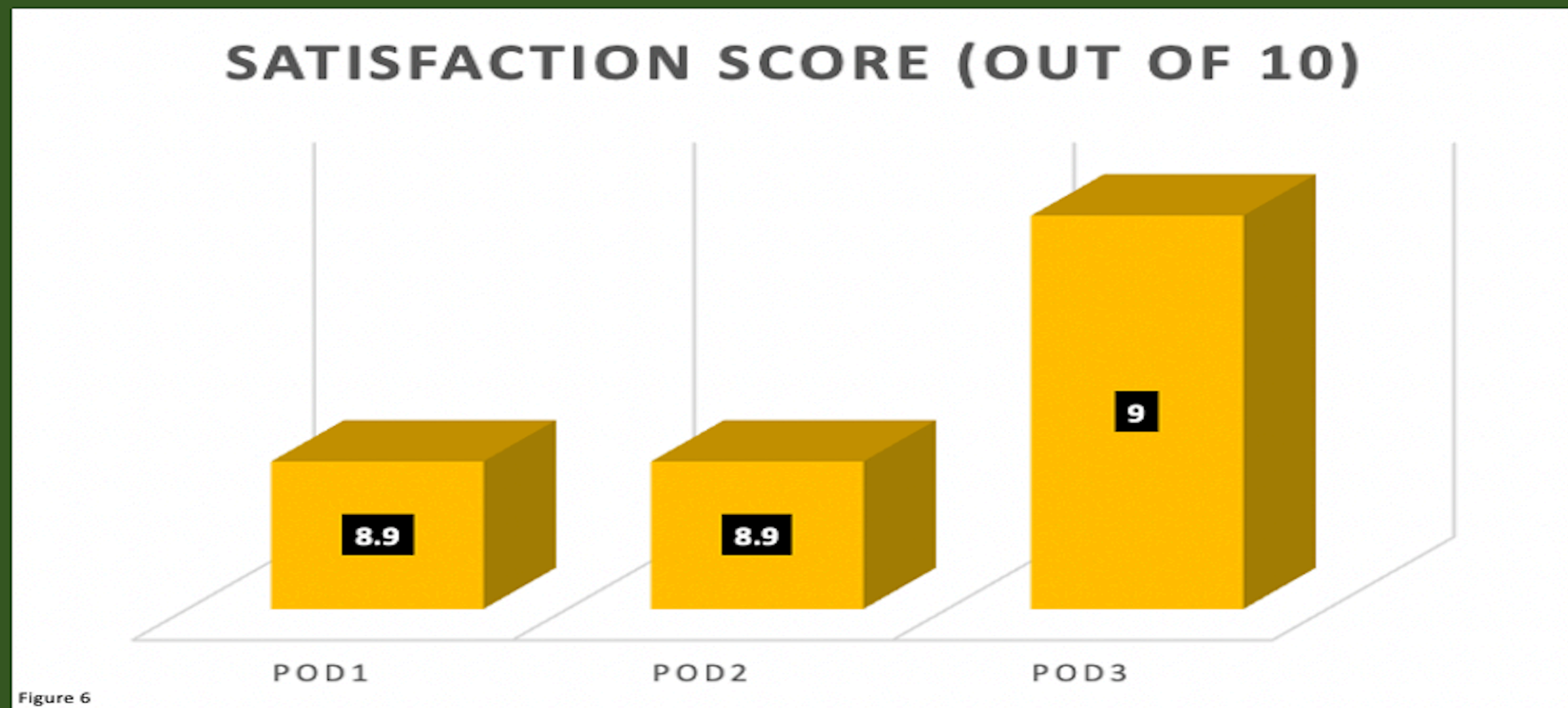
- Successful same day discharge : **90%**
- Average pain scores for Post Operative Day 1 to 3:
 - At rest **3/10, 3/10, 2/10** respectively.
 - On movement **5/10, 6/10, 6/10** respectively (*fig 3*)
- Percentage of Zero Opioid Consumption Day 1 to3 - **28%, 21%, 29%** respectively (*figure 4*)
- Average Functional Activity Scale for Exercise - majority scored **FAS A or B** (*figure 5*)
- Overall Patient Satisfaction Score: **8.9/10** (*figure 6*)

DISCUSSION:

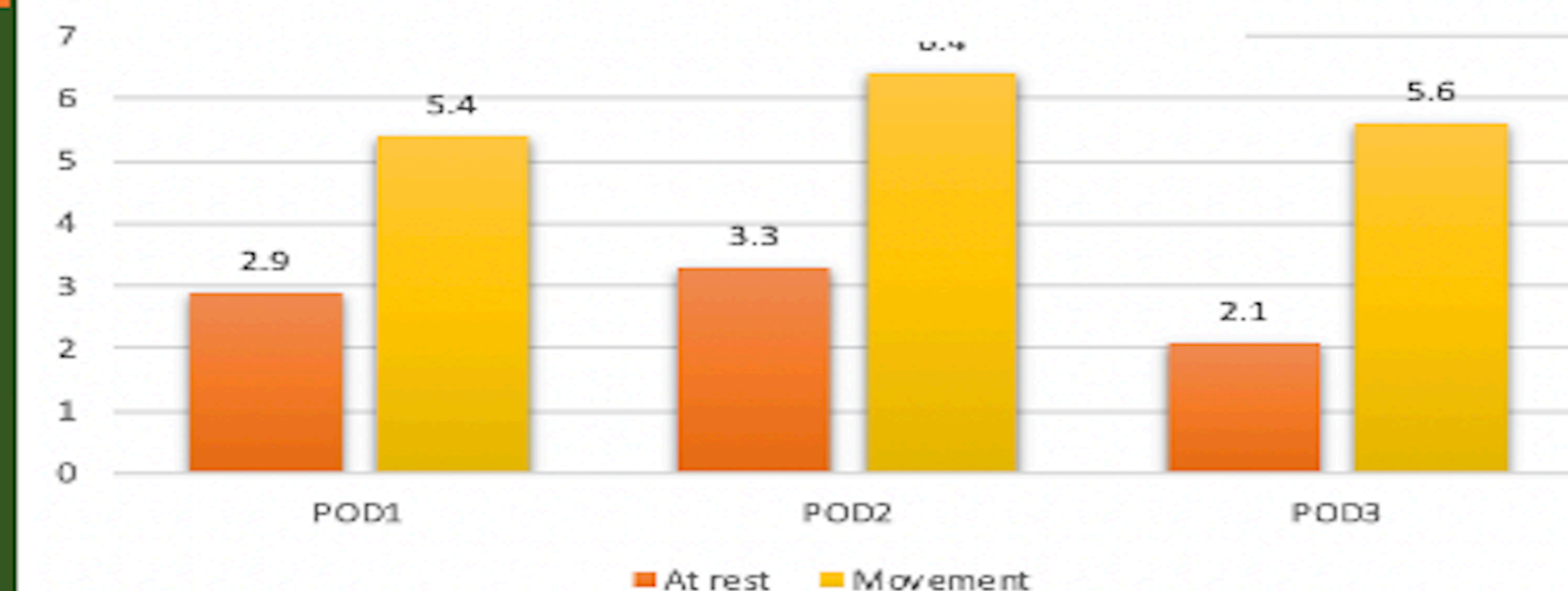
- Lessons learned along the way from concurrent QI findings and daily follow-ups would further enhance patient's experience and prevent potential issues such as quad weakness, dislodgement, and leaking (*Table 1*)



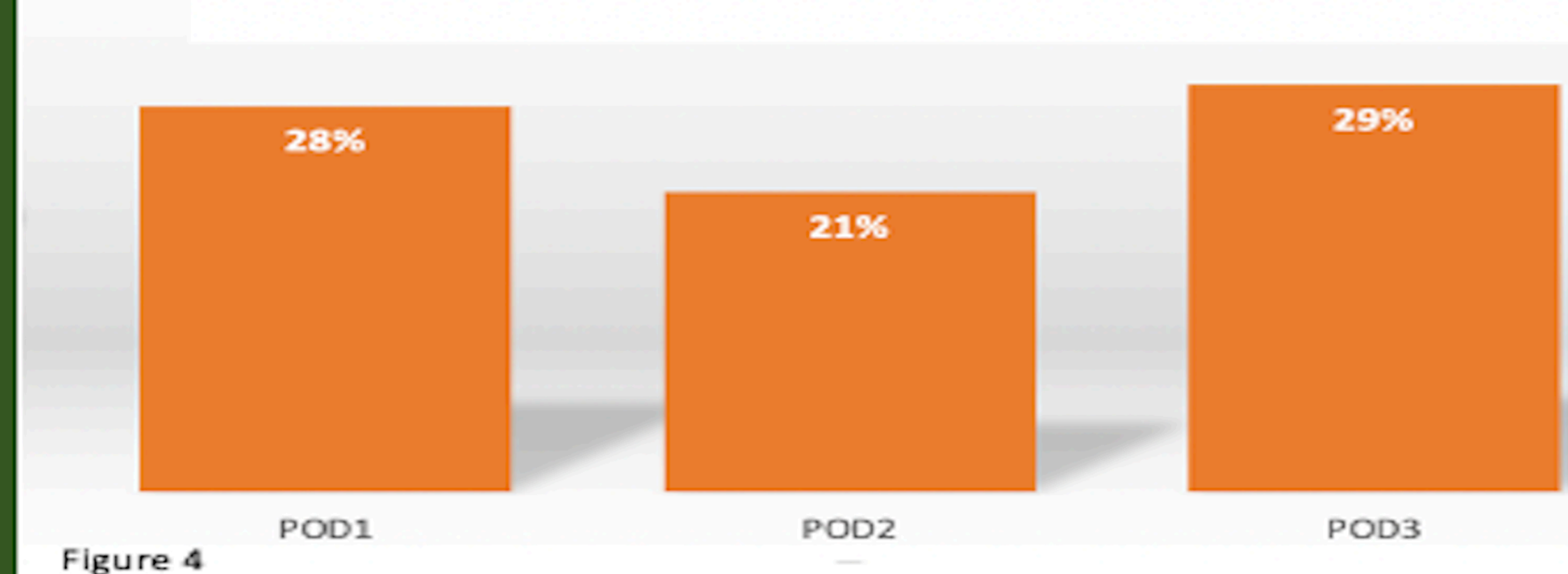
“A QI driven protocol aims for continuous improvement to achieve increasingly better outcomes for patients”



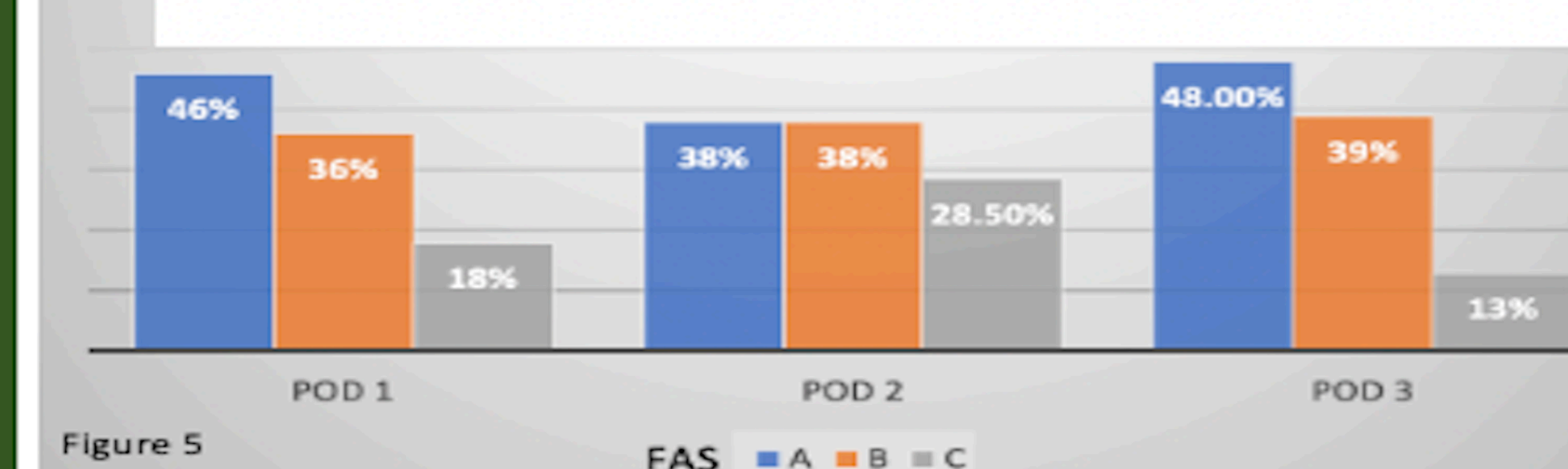
Average Pain Scores



Percentage of Zero Opioids



Functional Activity Score (FAS)



Adverse events	Total
Dislodged	1/50
Leaking	6/50
Quadriceps weakness	4/50
Bleeding	1/50
Other Catheter issues	2/50

Table 1