INTRODUCTION
Uni-compartmental knee replacement (UKR) surgery is a less invasive surgical approach in which only part of the knee is replaced. This allows for reduced anaesthetic and tourniquet time, reduced post operative pain scores, earlier return to function and higher patient satisfaction scores. UKR is suitable for day case surgery if an appropriate processes for a protocol are in place.

AIM
To design a day case protocol for UKR and implement a pilot study.

PATIENT JOURNEY AS DAY CASE
Hospital → Ward → Theatre → Recovery → Ward → Home

INCLUSION CRITERIA
- All patients are initially considered suitable for day case UKR until a contraindication is found.
- ASA 1 / 2
- MUST have good support at home to aid in initial recovery.

ANAESTHETIC PROTOCOL
- Spinal: 3ml 0.5% heavy bupivacaine
- Adductor Canal Block
- IV Propofol sedation
- IV antibiotics
- IV Tranexamic Acid
- IV Magnesium
- IV Dexamethasone

POST OPERATIVE PROTOCOL
- Analgesia if required
- IV antiemetics if required
- Offer drink in recovery
- PO Tranexamic Acid 1G
- Mobilise with physiotherapists on ward
- Discharge Medication on medication chart

FOLLOW UP

RESULTS
- 12 patients recruited for pilot study
- 9 patients (75%) were day case
- 1 was converted to total knee replacement
- 2 had residual spinal block
- All patients had hospital stay of 0.67 days
- Daycase patients had hospital study of 0.4 days
- All daycase patients mobilized but 4.30pm
- No request for further analgesia following discharge
- 6 week follow up
- Mean Oxford Knee Score increased by 19.1
- 90% patients would have this surgery as day case again.

PATIENT FEEDBACK
“I found my treatment excellent. Everything was explained to me”
“Important to have someone ready for care and support at home. Medication sheet particularly useful.”
“The instructions for the medication were excellent. So easy to follow.”
“The whole experience was excellent. Couldn’t speak highly enough of it.”

Knee Surgery Can Be Day Surgery With Good Processes And A Committed Multidisciplinary Team.

DEVELOPMENTS
- Only first patient on list can be included
- A further 2 knee surgeons have adopted the protocol
- Protocol has been developed to introduce a similar pathway for day case hip surgery

REFERENCES
1. Liddle, Alexander D; Judge, Andrew; Pandit, Hemant; Murray, David W. Adverse outcomes after total and unicompartmental knee replacement in 101330 matched patients: a study of data from the National Joint registry of England and Wales. The Lancet, October 2014 384(9952):1437-1445 Language