



Response to Editor “Continuous adductor canal blockade facilitates increased home discharge and decreased opioid consumption after total knee arthroplasty”



We thank you for your interest in our work. The reader raises three questions regarding our recent article [1] and we appreciate the opportunity to respond. The first question was asking if all patients received the same intraoperative and postoperative analgesia. The preferred method for intraoperative analgesia was the use of a spinal. This was performed in 89% of the study population with no difference between the two groups ($p = 0.437$, Table 2). Furthermore, all patients in the study period received a standardized postoperative multimodal pain protocol as listed in Table 1.

The second question was asking if factors such as physical independence, family support, health literacy, and comorbidities were accounted for in our analysis when considering discharge destination. We agree that physical independence, family support, and health literacy may affect patient discharge destination and were not specifically measured or accounted for in the study. This is certainly a limitation of the retrospective study design. However, there were no changes in preoperative patient education, counseling by index surgeon, or case manager discharge protocols during the study period, potentially minimizing any confounding by these variables. Patient comorbidities as measured by the American Society of Anesthesiologists (ASA) score were factored into our adjusted regression analysis for the discharge destination outcome. Table 4 reports that ASA >2 was significantly associated with discharge to a skilled nursing facility (SNF) or rehabilitation ($p = 0.026$).

Finally, the last question was regarding which criteria were used to assess patient discharge. Patients were assessed by the operating surgeon daily. Patients qualifying for discharge to home or rehabilitation/SNF had to have a stable hemoglobin without anemic symptoms, had voided after surgery, were tolerating an oral diet, and had pain controlled without the use of intravenous medications. From a physical therapy standpoint, all patients had to ambulate greater than 100 ft., pass evaluation with safely ascending/descending stairs if present at discharge destination, and navigate getting in and out of a model vehicle safely to be discharged to home. Those unable to meet these goals, demonstrated a poor ability to understand instructions, or were pain limited were discharged to SNF or rehabilitation.

We hope we have adequately addressed all of the readers concerns. The issues are important and can potentially serve as the impetus for further study with future investigations on this topic.

Sincerely,

Reference

- [1] Klement MR, Bullock WM, Nickel BT, et al. Continuous adductor canal blockade facilitates increased home discharge and decreased opioid consumption after total knee arthroplasty. *Knee*. 2019 Mar 20. pii: S0968-0160(19)30036-5. doi: . <https://doi.org/10.1016/j.knee.2019.01.020>. [Epub ahead of print].

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