

Management of Rheumatic Disease Patients in the Orthopaedic Perioperative Period

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Approved By:	Gateshead Medicines Management Committee

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General

Steroid injections: Steroid injections should not be performed into a joint within 3 months of surgery to that joint

DMARDs which can be continued

DMARD	COLUMN A Checklist	ACTION if any of the checklist items present	ACTION if check list items not present
Hydroxychloroquine	No checks needed		Safe to continue
Gold	WCC <4 x 10 ⁹ /l Platelets <150 x 10 ⁹ /l Dipstick urinalysis >+ protein	Contact responsible rheumatologist for advice	Safe to continue Stop post op if column A abnormalities develop
Penicillamine	WCC <4 x 10 ⁹ /l Platelets <150 x 10 ⁹ /l Dipstick urinalysis >+ protein	Contact responsible rheumatologist for advice	Safe to continue Stop post op if column A abnormalities develop
Leflunomide	WCC <4 x 10 ⁹ /l Platelets <150 x 10 ⁹ /l ALT >100 u/l Creatinine >130µmol/l	Contact responsible rheumatologist for advice	Safe to continue Document baseline creatinine. Stop post op if column A abnormalities develop
Sulphasalazine	WCC <4 x 10 ⁹ /l Platelets <150 x 10 ⁹ /l ALT >100 u/l Creatinine >130µmol/l	Contact responsible rheumatologist for advice	Safe to continue Document baseline creatinine. Stop post operatively if column A abnormalities develop
Azathioprine	As above	As above	As above. Stop if patient develops a post op infection.

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DMARDs which can be continued

Ciclosporin	WCC <4 x 10 ⁹ /l Platelets <150 x 10 ⁹ /l ALT >100 u/l Creatinine >130µmol/l or EGFR <60 ml/min/1.73m ²	Contact responsible rheumatologist for advice	Safe to continue Document baseline creatinine. Stop post op if creatinine rises to >than 30% of baseline even if still within normal range or other column A abnormalities. Stop if patient develops a post operative infection NB Dabigatran post op is contraindicated in patients on ciclosporin
Methotrexate	WCC <4 x 10 ⁹ /l Platelets <150 x 10 ⁹ /l ALT >100 u/l Creat >130µmol/l EGFR <60 ml/min/1.73m ² Diabetic On steroids Age >80 Lung disease	Stop one week before surgery and restart 2 weeks after provided no ongoing infection or other contraindications present	Safe to continue Document baseline creatinine. Stop post op if column A abnormalities develop or if patient develops a post operative infection

DMARDs which should not be continued perioperatively

DMARD	When to stop	When to restart
Etanercept	2 weeks before surgery	When satisfactory wound healing has occurred provided none of the contraindications listed below are present
Adalimumab	4 weeks before surgery	As above
Anakinra	2 weeks before surgery	As above
Certolizumab	4 weeks before surgery	As above
Golimumab	4 weeks before surgery	As above
Infliximab	4 weeks before surgery	As above
Tocilizumab	4 weeks before surgery	As above

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Cyclophosphamide	2 weeks before surgery	As above
Rituximab	See below	

Rituximab acts by depleting B cells. If surgery is planned within 9 months of a course of rituximab B cell levels and immunoglobulin levels should be checked and discussed with the supervising rheumatologist prior to any planned surgery. Infection in the post operative period should be treated promptly.

Contraindications to restarting DMARDs

- ◆ Infection
- ◆ WCC $<4 \times 10^9/l$
- ◆ Platelets $<150 \times 10^9/l$
- ◆ ALT $>100 \text{ u/l}$
- ◆ New renal impairment

If any are present discuss with the responsible consultant rheumatologist

Other Medications

Steroids

Double normal oral dose to cover perioperative period – normally 24-48 hours. If patients are not eating or drinking steroid should be given iv in the form of hydrocortisone. 100mg of iv hydrocortisone is equivalent to 20-25mg of oral prednisolone. If in doubt ask the endocrine team for advice.

NSAIDS

Should be stopped if renal function is impaired preoperatively and should never be given to anyone in the post operative period with renal impairment

Dabigitran And Rivaroxaban

Most disease modifying drugs can cause platelets to drop hence it is suggested dabigitran/ rivaroxaban should be used with caution. Patients should not be given dabigitran or rivaroxaban if their platelet count is already low and should be reminded to have DMARD monitoring bloods post operatively. If these are not due for a month or more after surgery consider asking GP to check at 2 weeks. Dabigitran is contraindicated if patient is on ciclosporin.

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Other Issues

Pain management

See Gateshead chronic pain and NSAID guidelines

Management of infection

See Prevention and management of infection in patients with autoimmune rheumatic disease March 2014.

Rheumatology Department April 2014

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