

ACR updates guidelines for peri-TJA medication use in rheumatic disease

21 March 2022



medications should be continued in the perioperative period in consultation with the treating rheumatologist. Patients with severe SLE should continue biologic treatment. For nonsevere SLE, medications should be withheld for one week prior to surgery. To avoid early flares, Janus kinase inhibitors should be withheld for three days prior to surgery. The guidelines also address recently introduced immunosuppressive medications—[anifrolumab](#) and [voclosporin](#)—used for SLE.

"As patients with IA and SLE are at increased risk of infection after THA and TKA, these recommendations aim to balance the risk of perioperative infection and the risk of disease flares, recognizing that all flares have an impact on quality of life but a flare in a patient with severe SLE at risk for organ damage warrants unique considerations," the authors of the summary write.

In a guideline summary issued by the American College of Rheumatology (ACR) and the American Association of Hip and Knee Surgeons (AAHKS), updated recommendations are presented for the use of medications among patients with rheumatic disease undergoing elective total hip arthroplasty (THA) and total knee arthroplasty (TKA). The complete guideline is scheduled to be published in the summer of 2022.

Researchers from the ACR and AAHKS updated guidelines relating to perioperative management of disease-modifying medications for adults with [rheumatic diseases](#) (specifically inflammatory arthritis [IA] and [systemic lupus erythematosus](#) [SLE]) undergoing elective THA and TKA.

The researchers recommend that disease-modifying antirheumatic drugs should be continued through surgery. For patients with IA, biologics should be withheld prior to and through surgery, and surgery should be timed as specified since the last dose of the medication. Severe SLE-specific

More information: [Guideline Summary](#)

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APA citation: ACR updates guidelines for peri-TJA med use in rheumatic disease (2022, March 21)
retrieved 24 September 2022 from <https://medicalxpress.com/news/2022-03-acr-guidelines-peri-tja-med-rheumatic.html>

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