

Joint Replacement School 2015

Anaesthetic choices for your hip / knee replacement

Presented by
the Anaesthetic Department

Anaesthetists are doctors who take care of you during your surgery

We will

- visit you before your operation
- work with you to tailor your anaesthetic to your needs

Your anaesthetist will explain which anaesthetic methods are suitable for you and help you decide which is best for you



Anaesthetic choices for hip and knee replacement

- You are going to have a hip or knee replacement soon.
- Different types of anaesthetic available:-
 - general anaesthetic
 - spinal anaesthetic
 - nerve block
 - combination of these.
- Spinal anaesthetics are excellent for many of those taking part in the Enhanced Recovery program

A general anaesthetic (infrequently used)

a general anaesthetic gives a state of controlled temporary unconsciousness during which you feel nothing

Advantages

- You will be unconscious during the operation

Disadvantages

- Does not provide pain relief
- Need strong pain-relieving medicines
- Makes some people feel unwell
- Sickness – treated with anti sickness drugs
- Sore throat – treated with pain relief drugs
- Increased risks for some patients

A spinal anaesthetic

(most common anaesthetic used)

- Local anaesthetic is injected close to the nerves in your lower back
- You go numb from the waist downwards
- 'Surgical' numbness lasts about 2 hours
- You feel no pain, most patients prefer to be sedated so they 'doze' during the operation: you may or may not remember being in theatre!
- If you prefer, you can also remain conscious during the procedure

A spinal anaesthetic

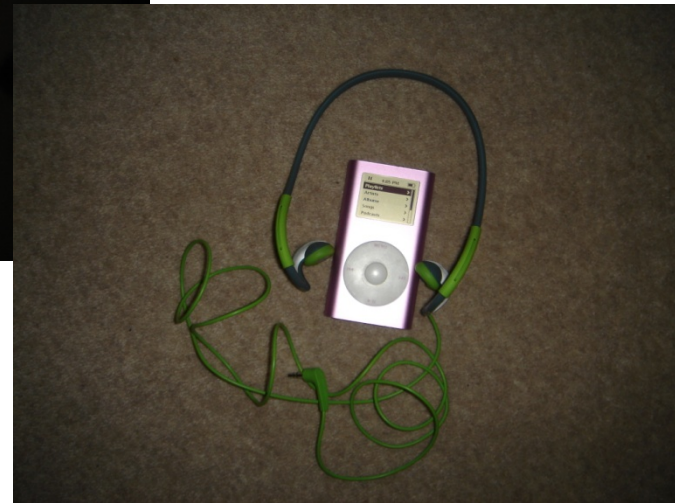
Advantages – compared to a general anaesthetic

- Reduces blood clots in the legs and lungs
- Less bleeding, less need for blood transfusion
- Less risk of chest problems and infections after the operation
- Less strong pain relieving medicine required
- Less sickness and drowsiness
- Able to eat and drink sooner

Keep your dentures in



Bring your music with you



A spinal anaesthetic

Disadvantages

- May not be able to move your legs properly for 2-3 hours
- May not know when you need to pass urine for a while
- May feel itchy
- Blood pressure may fall
- A rare risk of headache, but this can be treated
- A very rare risk of damage to nerves

A nerve block

(used to supplement another anaesthetic)

- An injection of local anaesthetic near to the nerves which go to your hip or knee
- Combined with a general anaesthetic or spinal
- Your joint should be numb and pain-free for several hours, often until the next day
- You may not be able to move the leg fully during this time

A nerve block

Advantages

- Less strong pain relieving medicines during and after the anaesthetic
- Perhaps less sick and drowsy afterwards
- More comfortable for several hours after the operation

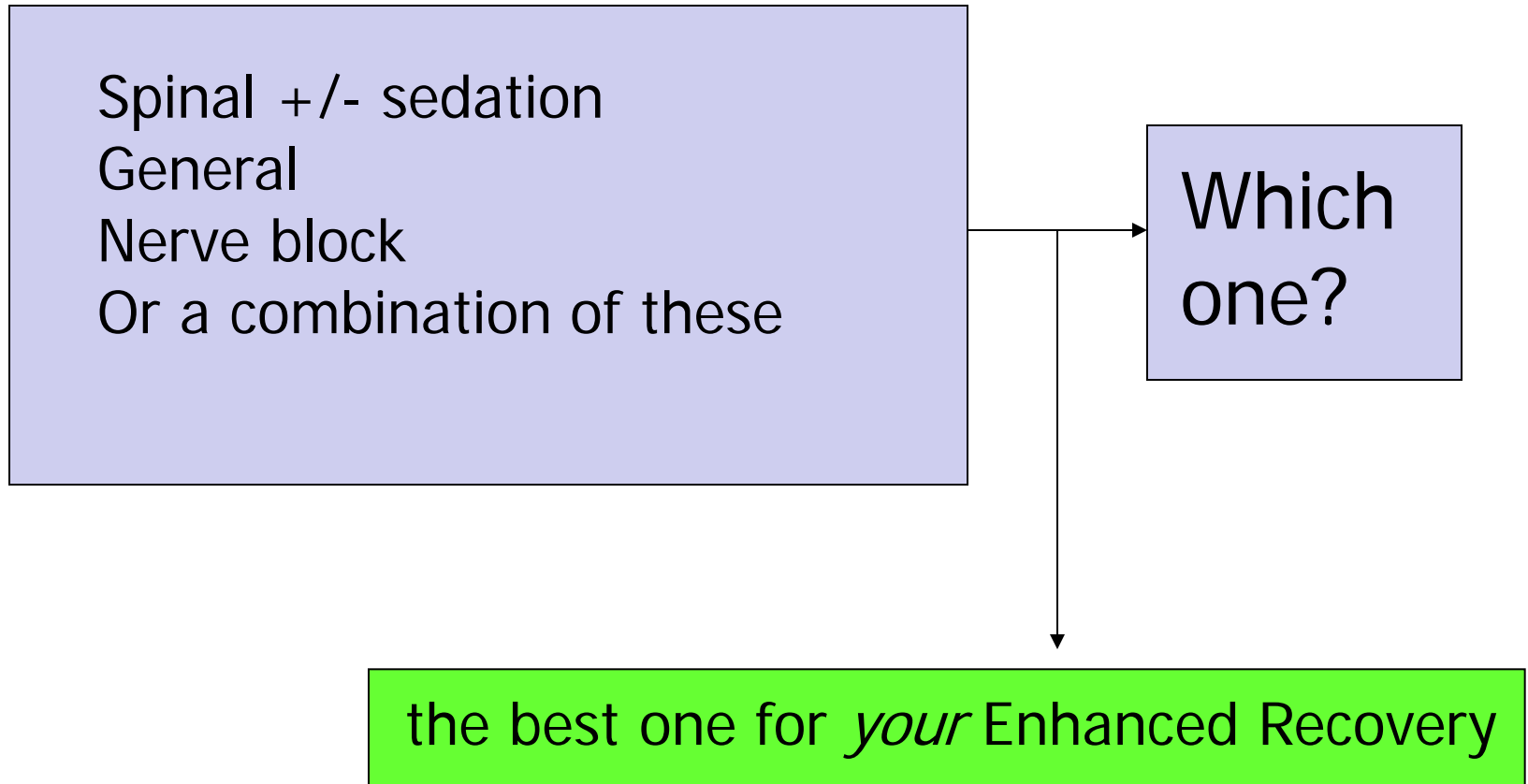
Disadvantages

- Does not always work
- Very rare risk of nerve damage

For Knee replacement only: Local anaesthetic infusion around the knee

- We are currently using a local anaesthetic infusion in the first 24 hours after surgery
- A 'self-deflating bag' full of local anaesthetic is attached to the knee by a fine tube and slowly releases the drug into the area around the knee.
- This may reduce pain during this time

Summary of anaesthetic choices



Before your operation

The anaesthetist's visit

- The anaesthetist will come and see you before your operation
- Will ask you about your health and discuss which kinds of anaesthetic are suitable for you

Your questions

- A good time to ask questions and tell the anaesthetist about any worries that you have
- Write down any particular concerns before meeting your anaesthetist so that you don't forget anything

“This is how we usually do it”

- Your anaesthetist and team have regular experience and expertise in all the types of anaesthetic
- Will know the advantages of that technique over others (for you)
- Spinal anaesthetic is used in many cases and is highly recommended for Enhanced Recovery
- Your preferences are important
- Nothing will happen to you until you understand and agree with what is planned for you

We are here to look after you

Whatever your choice of anaesthetic an anaesthetist will

- stay with you for the whole operation
- watch your condition very closely adjusting the anaesthetic as required



“This is how we usually do it”

In the Enhanced Recovery Program we use *spinal anaesthesia* because in the vast majority of cases we find it very effective and ‘patient friendly’

Pain relief after surgery for total hip and knee replacements

Pain Assessment

Aim:

- Only mild pain, a pain score $< 4/10$
- As few side effects from pain relief as possible
- Inaccurate / unfair to promise no pain

Pain scoring

- Numerical or verbal scoring tools
- At rest / on movement
- Accuracy improves management

Management of pain

“Multi-modal” analgesia (= balanced)

The Acute Pain Service (APS)

- Analgesic ladder
- Individualised for each patient
- Methods – nerve blocks, epidurals, (PCA's), injections, tablets / liquids, suppositories
- Frequency – regularly and for breakthrough

Treatments for pain

- Drugs – local anaesthetics, paracetamol, gabapentin, anti-inflammatories, opioids
- Use of tranexamic acid to reduce bleeding and swelling
- Non-drug – positioning, ice packs, psychological

Side effects of analgesics

- Nausea and vomiting
- Itching
- Breathing problems
- Drowsiness
- Headache

Please inform nursing staff if you have any of these symptoms as they are treatable

Questions?