

Anesthesia for Orthopedic Surgery

By this time, you already have visited your orthopedic surgeon and decided to have your surgery. Purchase Anesthesia, PSC will work closely with your orthopedic surgeon to develop an anesthesia plan that for your orthopedic surgery.

You will need to visit the Pre-Admission Testing center at Lourdes Hospital prior to your surgery for a history and physical examination, routine lab tests and possibly a chest X-ray and EKG. These tests must be completed prior to your surgery.

Many patients choose to donate blood prior to surgery. Feel free to discuss this option with your orthopedic surgeon.

The morning of the surgery you will meet with an anesthesiologist or CRNA who will review your medical history and discuss all available options with you. Our goal is to provide you with the anesthetic approach that will control your postoperative pain to get you up and moving and able to follow through with your physical therapy shortly after surgery.

Frequently Asked Questions:

What are my anesthesia choices for my total joint replacement?

A: Typically there are four options for anesthesia:

1. Femoral nerve block catheter placement plus general anesthesia
2. Epidural/spinal neuroaxial technique plus sedation
3. Femoral/nerve block and epidural/spinal technique with sedation
4. General anesthesia

Q: How is my post operative joint pain controlled?

A: Your orthopedic surgeon could request a nerve block and/or patient-controlled analgesia (PCA), which allows you to self-administer pain medicine through an IV by pushing a button. If you have a PCA, your doctor will order the machine set to dispense the appropriate narcotic at the appropriate dosage. These settings are based on your height and weight and your level of pain. By the second day, you will take your pain medicine orally.

Q: How does the nursing staff know how much pain I am in?

A: The staff will do its best to stay ahead of your pain by keeping an open line of communication with you. You may be asked to rate pain on a scale of 0-10, where 0 means no pain and 1 or 2 means discomfort. It is important to get relief for your pain when it reaches 5 or 6. If you allow it to reach 9, it could take two to three hours to get relief. Different medication delivery systems take different times to have an effect: approximately three minutes for PCA or IV medication, 10-15 minutes for a shot in the muscle and about an hour for an oral pain pill.

Q: What is a nerve block?

A: A regional nerve block is a general term used to refer to the injection of local anesthesia near

nerves for temporary control of pain. Nerve blocks are sterile procedures that are usually performed with the help of an ultrasound machine, which enables the anesthesiologist to view needle placement.

Q: Are there any risks with getting a nerve block?

A: Nerve blocks, like other medical procedures, are not risk free. There is a possibility of side effects and complications from the procedure, needle puncture, and medications used. The most critical factor in the efficacy of a nerve block is the proper location of the target nerve, which is why we use an ultrasound machine.

Complications may include:

1. Infection
2. Allergic reaction
3. Nerve injury
4. Intravascular injection of the local anesthesia
5. Bleeding

Q: What specific type of nerve block will I get for my knee replacement?

A: Your orthopedic surgeon may request a femoral nerve block, which is an injection of local anesthesia into the groin and close to the nerve to provide pain relief to the front of the thigh and the knee. The groin is the fold at the top of your leg where the abdomen meets either thigh. After cleaning the groin under sterile technique, an ultrasound machine is used to locate the femoral nerve. After the injection, a catheter is left behind close to the proximity of the nerve which connects to a pump and will continue providing pain relief for 48-72 hours after the operation.

Q: What is the advantage of a continuous femoral nerve block?

A: The nerve block will provide pain relief during surgery and for days after the operation. This reduces the amount of strong painkillers, such as morphine, fentanyl, and Dilaudid during and after the surgery. Knee surgery can be very painful, and our goal is that you feel as little pain as possible.

Q: Who is a not a candidate for a femoral nerve block?

A: In the presence of the following specific medical situations, a femoral nerve block should not be performed:

1. Taking medication that prevents your blood from clotting, such as Warfarin, which would lead to more bleeding than normal. Bleeding around the nerves in the leg is a serious problem that must be avoided.
2. An illness that prevents your blood from clotting, such as hemophilia, which would also lead to more bleeding around the nerves in the leg.
3. Infection of the skin over the site where the needle needs to be put could lead to further infection in the deeper tissues and possibly introduce the infection into the blood stream. This could also cause infection around the nerves.
4. Any systemic infections

5. Any baseline neurological deficits already present, such as neuropathy secondary to diabetes or other conditions
6. Previous injury affecting your femoral nerve