

ANAESTHESIA FOR MAJOR JOINT REPLACEMENT SURGERY

This patient advisory is intended to provide you with general information. It is not a substitute for advice from your anaesthetist. You are encouraged to discuss the benefits and risks of anaesthesia with your anaesthetist.

This leaflet is an abridged version of the ASA patient education pamphlet: Anaesthesia for Major Joint Surgery – a guide for patients. The complete pamphlet is available from your anaesthetist.

Before your surgery

Before the operation, your anaesthetist will want to discuss the best type of anaesthesia for you. Different anaesthetics and anaesthesia techniques are available. The most common techniques are spinal anaesthesia, epidural anaesthesia and general anaesthesia.

Prior to your operation, tell your anaesthetist your complete medical history.

Spinal anaesthesia

Spinal anaesthesia involves injection of the anaesthetic drug into the fluid surrounding the spinal nerves (see figure, right). This temporarily alters the spinal nerves so the body cannot feel pain from the waist down. This anaesthetic works quickly and can last for several hours.

Epidural anaesthesia

This technique involves injection of the anaesthetic drug into the epidural space. Using a special needle, the anaesthetist inserts a thin, soft plastic tube (catheter). The needle is removed, and the catheter is left in place. The local anaesthetic is injected through the catheter as needed.

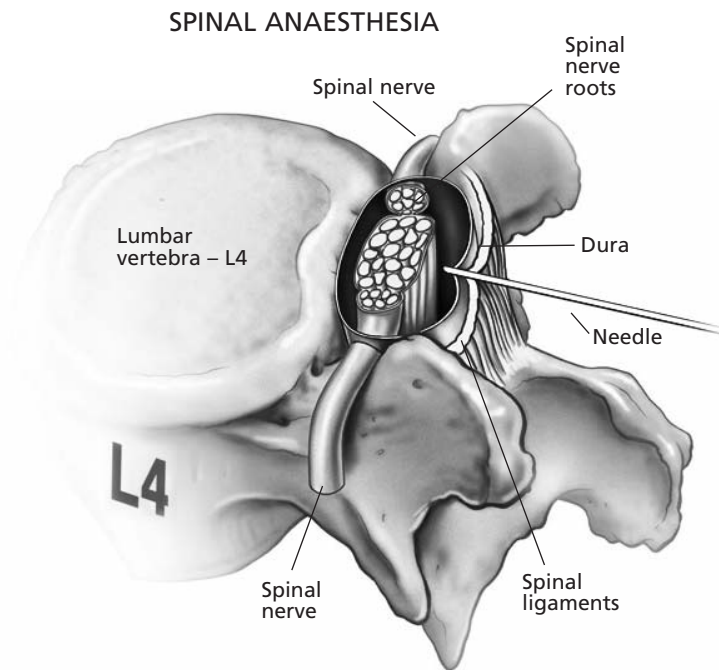
Use of a spinal or epidural anaesthetic

Replacement of the knee or hip joint is often performed using spinal or epidural anaesthesia. In some cases, the anaesthetist may use a combination of spinal and epidural anaesthesia. It is common to combine these techniques with sedation or general anaesthesia.

General anaesthesia

A general anaesthetic acts on the brain and nervous system, putting the patient into a deep sleep during surgery. General anaesthesia is usually recommended for elbow or shoulder joint replacement and is also often used during knee or hip replacements.

Anaesthesia is induced with anaesthetic medications given into a vein or by inhalation through a face mask. It is maintained via a breathing tube, often with an anaesthesia ventilator, to provide oxygen and to assist breathing.



Nerve block and field block

In some cases, local anaesthetic is injected close to the nerves that supply a joint and nearby tissues. This is called a “nerve block”. Local anaesthetic can also be used to create “walls” of anaesthesia that encircle the operative area. This is called a “field block” and is more common with elbow replacement surgery. Nerve blocks and field blocks can also be used for pain relief after surgery.

Pain relief after surgery

Pain relief is important. It reduces stress and helps you to start physiotherapy as early as possible.

The type of pain relief you receive may depend on the anaesthetic you had. After a general or spinal anaesthetic, it is likely that you will be given intravenous pain relief.

It is often possible, within limits, to control the dose yourself by altering the flow of the medication into your veins. Your anaesthetist will explain how this “patient-controlled anaesthesia” works.

Possible risks and complications

Modern anaesthesia is safe but does have risks of side effects and complications.

Although uncommon, complications are possible. This is more fully outlined in the complete ASA patient education pamphlet on anaesthesia for major joint replacement surgery and should be discussed with your anaesthetist. ©