



Anesthesia for Total Hip/Knee Replacement

Having a surgery can be stressful. We would like to provide you the following information to help you prepare for your surgery.

On the day of surgery, after you finish registration, you will be brought to the preoperative unit.

In the preoperative area

Your preoperative nurse:

The nurse will make sure you are comfortable and ready for surgery. Your privacy and confidentiality will be respected. Your nurse will perform the required preoperative nursing assessment, including taking your heart rate, blood pressure and temperature. You will be required to change into a hospital gown. The nurse will start an intravenous line (IV). You will be asked to use the restroom before you go to surgery. Please communicate with your nurse if you have any questions. This will help us address any concerns as soon as possible.

Your surgeon:

Your surgeon will see you and answer any remaining questions regarding your surgery. Your surgeon will make a mark on the appropriate surgical site.

Your anesthesia clinician:

Before surgery your anesthesia clinician will ask health-related questions and perform a pre-operative anesthesia assessment. For hip or knee surgery, spinal anesthesia is most commonly used and is administered after you enter the operating room. This is a type of regional anesthesia in which a very small spinal needle is inserted into the lower back. Local anesthetic is injected into the spinal fluid, making the lower portion of your body numb and preventing leg movement. After a few hours the local anesthetic will wear off, and the sensation and ability to move your legs will slowly return.

Some medical conditions or circumstances may be present that make a spinal anesthetic less preferred. If this is the case, general anesthesia (an induced loss of consciousness) will be used.

For knee surgery, a femoral nerve block may help reduce pain dramatically. The effect may last 20 hours or longer. These blocks are usually performed in the preoperative unit. An anesthesiologist may use an ultrasound machine to locate your nerve and inject local anesthetic. The numbing medication will block the nerve from producing pain. This technique will allow you to recover from your surgery much more comfortably with less intravenous pain medication.

Your anesthesia clinician will explain the risks and benefits of each type of anesthesia before you go to surgery. You can also read more about spinal and general anesthesia online via our clinician home pages.

Your operating room nurse:

Your operating room nurse will ask questions to confirm everything for surgery is in order. The nurse will accompany you to the operating room.

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In the operating room

After you are brought to the operating room, the surgical team (surgeon, operating room nurse, anesthesia clinician and surgical technician) will confirm the surgery to be performed. Vital sign monitors will be placed. You may be sedated and will be asked to sit up or lie on your side to allow the anesthesia clinician to administer spinal anesthesia.

As the spinal anesthesia takes effect, we will place you in a position that will allow the surgeon to perform your surgery. During the surgery, you will be sedated but not asleep deeply. Therefore, you may or may not be aware of the surgery. The anesthesia clinician will continuously monitor your mental status and vital signs and adjust your sedation accordingly to keep you comfortable and safe.

If you choose general anesthesia or if spinal anesthesia is not appropriate for you, the anesthesia clinician will give you a combination of drugs that will make you unconscious. Once you lose consciousness, a breathing tube will be placed through your mouth into your windpipe to deliver oxygen and possibly anesthetic gas. During the entire surgery, the anesthesia clinician is closely monitoring your vital signs and fluid status, giving you appropriate anesthetics.

Your nurse may place a small catheter into your bladder to drain your urine after you are asleep or after the spinal anesthetic is administered.

In the recovery room

After your surgery we will take you to the Post-Anesthesia Care Unit (PACU), also known as the recovery room. The recovery room nurse will monitor your vital signs and level of consciousness. If you had general anesthesia, an oxygen mask may be placed during this time. It is not unusual for you to have some nausea and grogginess. Sore throat after general anesthesia is also common and may last three to four days. If you had spinal anesthesia, your sensation and ability to move your legs will slowly return. It is important for you to tell the nurses and doctors about any pain you are experiencing. The nurse will closely monitor your pain level and will give appropriate pain medication.