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Anaesthesia for Hip Replacement

Before Surgery

Fasting: No food for **6 hours**. You can drink clear fluids up to **2 hours** before surgery (no milk or thickened fluids)

Medications: Take your regular medications as usual unless diabetic or taking blood thinners

PREOPERATIVE CONSULTATION

You may be asked to attend the pre-operative clinic at Hollywood Hospital where you will be seen by the pre-operative nursing team. In addition, your anaesthetist will contact you in the week prior to your operation. Any concerns that you have about the anaesthetic will be addressed. Selected patients will also be assessed by one of the peri-operative physicians for a comprehensive assessment.

All blood thinners with the exception of aspirin will need to be discontinued prior to surgery

These include **Warfarin, Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxoban), Plavix (cloidogrel).** These will need to be stopped between 3 and 7 days before surgery depending on the medication. Please discuss with your surgeon or anaesthetist for more details. Fish oil and turmeric should also be ceased.

Anaesthetic risks

Safety is the primary focus of your anaesthetic care. Overall anaesthesia is safe with a low risk of significant complications. Multiple precautions will be taken to reduce your risk of complications but these may not eliminate all risks.

Please refer to the the **anaesthetic risks document** for further information.

DIABETICS

Avoid taking diabetic medications on the day of your operation

If you take any of the following diabetic medications, please **stop 3 days** before surgery

Jardiance, Jardiamet, Xigduo, Forxiga

Insulin

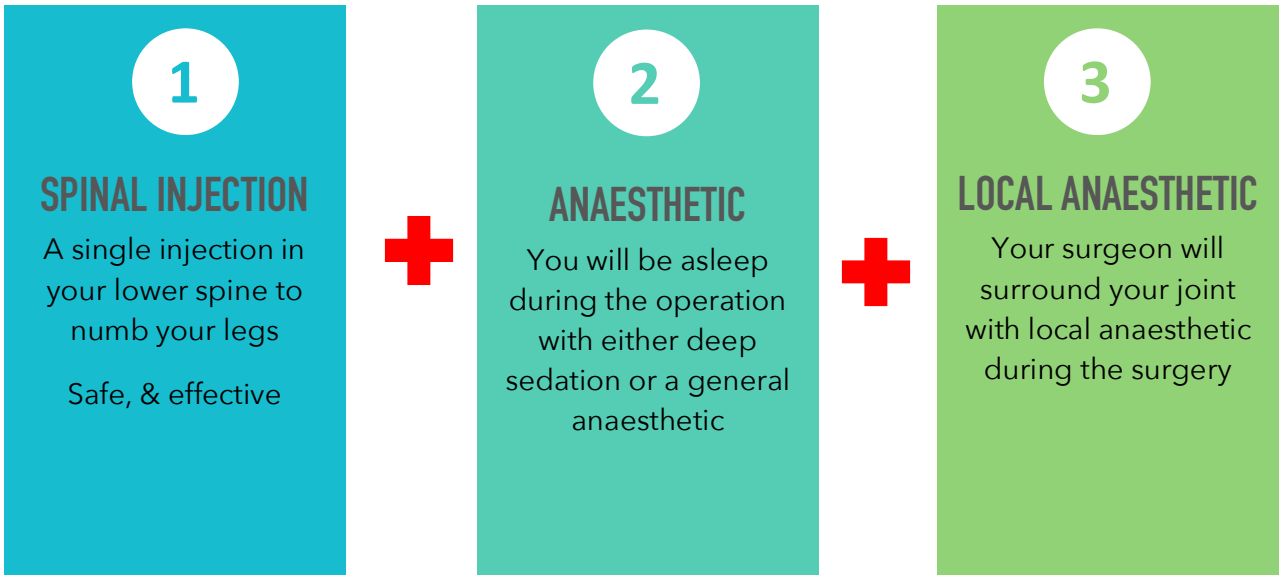
No insulin on the day of surgery. If taking insulin at night (i.e. lantus), take half your usual dose the night before

BLOOD THINNERS

All blood thinners with the exception of aspirin will need to be discontinued prior to surgery.

Anaesthetic Plan

The anaesthetic is a combination of local anaesthetic combined with deep sedation or a general anaesthetic. This approach ensures adequate levels of comfort in the early post-operative period. This is the usual approach but can be modified for each individual after discussion with your anaesthetist.



After Surgery

You will wake up pain free initially with completely numb legs. As the spinal anaesthetic starts to wear off you will regain sensation and movement and will notice some mild to moderate discomfort in your hip. This will need to be treated early with additional pain tablets to avoid it becoming more severe. In addition to regular background pain medications, "Top-up" pain medications are available every 2 hours. You will be encouraged to treat your pain early so as to improve your comfort levels. You will be reviewed daily by a specialist pain team "The Acute Pain Service" (APS team) who can make any required changes.

Examples of typical pain relief medications may include the following:

Paracetamol	Regular simple pain relief
Celebrex	As tolerated, up to 2-4 weeks
Palexia SR	Twice daily
Palexia IR	As needed for top ups

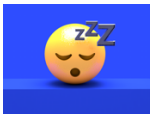
Your ***comfort levels*** will be reviewed daily both at rest and after exercise. Your pain medications and doses will be individualised to your needs taking into account side effects and tolerability.

Waterworks

Initially following surgery, you will be numb and will not feel the need to pass urine. Over time that sensation will return to normal. It is important not to overfill the bladder before normal sensation returns. Just before surgery you will be encouraged to go the toilet to empty your bladder. After surgery you can drink for comfort but be mindful not to drink too much in the first few hours at least until normal urination returns. Approximately 10% of patients will experience some difficulty with passing urine, with a sensation of needing to go but unable to or less commonly wetting the bed. If you feel the need to pass urine but are unable to, an ultrasound over your lower tummy will help determine how full your bladder is. If there is a large volume and the bladder is being stretched a urinary catheter may be required in a small percentage of patients.

Alternatively in selected patients a urinary catheter can be placed before surgery while under general anaesthetic. Please discuss this with your anaesthetist before surgery if you feel this would be a preferable option.

Sleep



SLEEP DISTURBANCE

This is a common issue and may persist for several weeks after joint replacement surgery. There is no easy remedy, but it will improve over time.

Firstly, having adequate nightly pain relief is important. You may need a dose adjustment of your Tapentadol SR to improve night-time comfort.

Certain additional medications may help. You can discuss these options with your GP.

1. Melatonin SR – (slow release), available without prescription. For more information see circadin.com.au

2. Melatonin IR - (immediate release). Prescription only. May be more effective that the SR version. Usual dose is 5 to 10mg at night. This is ‘compounded’ specifically for you and is not available at all pharmacists. May cost ~$50 for 30 tablets. This has no pain-relieving properties.

3. Pregabalin - 25 - 75mg at night. This medication is a moderately strong pain medication that has a sedative property and may help with sleep and comfort. At low doses it is unlikely to have noticeable side effects but at higher doses, side effects may include dizziness, blurred vision, constipation, confusion, strange dreams and very occasionally hallucinations

4. **Clonidine** – 25 – 50 micrograms. Prescription only. This is an alternative pain-relieving medication that also has sedative effects. It may cause lightheadedness and dizziness at higher doses.

ANAESTHETIC SAFETY & RISKS

Safety is the primary focus of your anaesthetic care. Overall, anaesthesia is safe with a low risk of significant complications. Multiple precautions will be taken to reduce your risk of complications, but these may not eliminate all risks. A comprehensive medical review prior to surgery is available by a specialist physician for selected patients.

If you have any specific concerns, please discuss these directly with your anaesthetist. You will be contacted directly by your anaesthetist before your operation and will also have an opportunity to ask questions on the day. Following your operation your medical cares will be primarily coordinated by the surgical team, the acute pain team and a specialist physician as required. If any problems arise after your operation, please raise your concerns any time to the nursing or medical staff attending to you. Your anaesthetist will be available as needed and may be contacted by the ward staff for any concerns or advice.

Below is a list which covers most of the important considerations relating to anaesthesia but is not fully comprehensive and does not include specific surgical risks

Common

Nausea (5-20%), drowsiness, dry mouth, sore throat (25%), sleep disturbance
Pain on awakening - this will be treated immediately in the 'recovery room'
Dizziness or lightheadedness
Low blood pressure or heart rate during the first 24-48 hours — (up to 30%)
Urinary retention or inability to completely empty your bladder (10-15%)

Uncommon

Persistent *severe* pain on awakening or in the early postoperative period (~5%)
Confusion, disorientation, and hallucinations are possible but not common (<5%)
Dental injury (0.1%)
Eye abrasions or red painful eye (0.5%)
Postoperative DVT (blood clot in veins in the leg) or PE (blood clot in the lung) (0.65%)
Transient nerve dysfunction (~5%) - persistent numbness/tingling 24-48 hours
- This may occur as a result of surgery, anaesthesia (nerve blocks) or positioning

Rare

Airway emergency under general anaesthetic (1 in 5,000 to 1 in 10,000)
Aspiration of stomach contents into lungs causing pneumonia (1 in 3,000)
Bleeding into the leg related to nerve block injections which may require further imaging, surgery or blood transfusion (0.1%)
Accidental awareness of events during surgery when under 'general anaesthetic' (0.1%)
Allergy to medications (1 in 800 to 10,000)
Permanent nerve injury resulting in sensory change, or weakness of related muscles (1 in 3000)
Permanent nerve injury due to spinal injection (1 in 24,000 to 1 in 54,000)
Infection of a nerve block catheter (1 in 1500)
Bleeding related to a nerve block catheter or injection (1 in 500)
Stroke, heart attacks and pneumonia are all rare but serious complications (<1%)
Fat embolism syndrome (<1%)
– a rare complication related to bone drilling during joint replacement,
– may result in breathing difficulty, confusion or neurological complications similar to a stroke
Death related directly to anaesthesia
– 3 per million population per annum or 1 in 60,000 procedures nationally