

► **CANNULA**

When using the lateral position for surgery (THR), consider a cannula in uppermost arm. 18G cannula is sufficient.

► **SPINAL**

3.0 – 4.0ml **0.25% PLAIN Bupivacaine**, depending on patient height. For normal height use 3.5mls. Do not add additional opioids or Clonidine. For THR cases, position patient on their side with OPERATIVE LEG UPPERMOST, (plain Bupivacaine will 'float' in the CSF and block the top leg for longer).

► **SEDATION**

Propofol TCI (Target Controlled Infusion) is preferred. Normal starting dose is 2 mcg/kg/min. Titrate up or down according to effect.
Midazolam 0.5-1mg incremental boluses are an alternative.
Once adequately sedated give **Isomeric S-Ketamine 25 mg** in divided doses over 10-15mins.
If **racemic Ketamine** is used the dose should be **25-50 mg** given in divided doses over 10-15mins.

► **URINARY CATHETER**

No urinary catheter, unless clinical indication e.g. incontinence, nocturia more than 2-3 x per night, or patient request.

► **INTRAOPERATIVE DRUGS** - Use the same drugs when the patient has a **General Anaesthetic**.

- **Paracetamol 1g** IV (adjust dose if under 50kg- give 15mg/kg.)
- **Parecoxib 40mg** IV (unless NSAID contraindicated, if under 50kg give Parecoxib 20mg)
- **Granisetron 1mg** IV or **Ondansetron 8mg** IV
- **Dexamethasone 3.3mg - 6.6mg** IV (base). (Equivalent to **4-8mg** IV Dexamethasone as phosphate).
- **Tranexamic acid 10 mg/kg** up to 1.5g diluted in 100mls sodium chloride 0.9% over 15-20 mins by IV infusion. THR- give during operation, TKR give prior to tourniquet release.
- **Antibiotic prophylaxis** as per current protocol.

► **LOCAL ANAESTHETIC INFILTRATION**

- 120 mls of 0.125% (1.25mg/ml) Levobupivacaine (Chirocaine ®). Mix 30mls of 5mg/ml Levobupivacaine in 90mls 0.9% NaCl.

► **IV FLUIDS**

- Aim to limit IV fluid to 500ml crystalloid, PLUS 100mls for Paracetamol IV 1000mg, PLUS 100mls for Tranexamic Acid (Total 700ml volume)
- Further fluid boluses may be given if necessary. Treat hypotension with a vasopressor such as Ephedrine or Metaraminol
- A fluid warmer is not necessary due to the small volume of IV fluid given

► **RECOVERY AREA** Give:

- **Immediate Release Oxycodone 5-10mg** PO STAT (For smaller, elderly or frail patients use 5mg PO STAT .)

► **POST-OPERATIVE DRUGS** - Prescribe all of these unless contraindicated,
REGULAR:

- **Paracetamol 1g QDS** PO.
- **Etoricoxib 90mg OD** PO for 5 days. First dose 8 hours after Parecoxib, unless NSAID's contraindicated. **Ibuprofen 400mg TDS** is an alternative to Etoricoxib in patients at high risk of heart disease, though the bleeding risk is higher.
- *If already taking any antineuropathic agent (e.g. Amitriptyline, Duloxetine, Gabapentin, Pregabalin) continue that at the normal dose. Do not start Gabapentin/ Pregabalin.*
- **Laxatives: Senna PO 15mg OD** PO nocte and **Macrogol (Cosmo Col/ Laxido) 1 sachet BD** PO
- **TKR** –Commence **Apixaban 2.5mg BD** PO (Total 10 days) the next day.
- **THR** – Commence **Apixaban 2.5mg BD** PO (Total 32 days) the next day.

If wound is closed 08:00 - 20:00, first dose of Apixaban to be given at 06:00 the next day (day 1 post op: see ERP Ward Guide)

If wound is closed after 20:00, first dose of Apixaban to be given at 18:00 the next day (day 1 post op: see ERP Ward Guide)

AS REQUIRED:

- **Immediate Release Oxycodone 5-10mg** PO 2 hrly PRN . **Caution with low weight, frail or elderly**, reduce dose, (Immediate release Oxycodone 2.5mg-5mg 2hrly PRN) monitor for opiate toxicity. Usually for 24hrs, then step-down to:
- **Codeine 30-60mg** PO 6hrly PRN
- **Ondansetron 4mg (PO/IV) TDS** PRN, **Prochlorperazine 10mg PO BD** PRN (or **Prochlorperazine 12.5MG IM** TDS PRN)
- **Cyclizine 50mg (PO/IV) TDS** PRN

► **GENERAL ANAESTHESIA – SUGGESTED ANALGESIA AFTER THR/TKR**

- **TKR** patients usually need **IV PCA Morphine** for 24hours and then switch to oral analgesia.
- **THR** cases normally manage with the oral **Oxycodone** regime, as detailed above
- **Fascia Iliaca Block** (using 20mls of 2.5mg/ml Levobupivacaine) and **Wound Infiltration** with **60mls of 0.125% Levobupivacaine** is suggested for both THR and TKR cases over 60kg after a GA. Check LA toxic doses if under 60kg.
- Give an IV loading dose of **Morphine** (0.1- 0.2 mg/kg).