

## Patient information

# Anaesthetic choices for hip replacement

## Introduction

You are going to have a hip replacement soon and you may have heard that there are several different types of anaesthetic available:

- General anaesthesia
- Spinal anaesthesia
- Nerve blocks of local anaesthetic infiltration to help combat pain afterwards.

This leaflet is designed to give you some background information to help you decide, in discussion with your anaesthetist on the day, what the best options are for you. Our aim is to ensure that you have a safe operation/anaesthetic, and that you recover and mobilise as quickly as possible with minimal pain after surgery.

## Types of anaesthesia

### General Anaesthesia

(see also the patient information leaflet “Having an Anaesthetic”)

A general anaesthetic alone does not provide pain relief after the operation. We use a cocktail of painkillers afterwards and you will be offered a nerve block, which makes the site of surgery numb and the leg feel heavy. Risks and side effects of general anaesthesia are described later in this booklet.

### Spinal anaesthesia

A measured dose of local anaesthetic is injected into the fluid bathing the nerves in your lower back. Within 5 minutes you will go numb and heavy from the waist

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downwards and will feel no pain, so you could remain conscious. If you prefer, you can also have drugs to make you sleepy and relaxed (sedation). You may still need a general anaesthetic if the spinal is inadequate, or if you prefer it and your anaesthetist feels it is safe to combine the two forms of anaesthesia. We often use morphine-like drugs as well as local anaesthetic in a spinal, as they help to improve the quality of the block.

**Advantages:** You should have less sickness and drowsiness after the operation and can eat and drink quickly. There may be less bleeding during surgery, reducing your risk of a blood transfusion. You do not need strong pain killers in the first few hours after the operation.

**Side effects:** You will not be able to move your legs properly for a few hours. You may feel itchy and/or nauseated. Retention of urine is not uncommon as you can't feel your bladder. A headache can occur afterwards, but it is uncommon. While we are close to the nerves in your back with a needle, it is very rare to do any damage to them. You can get more information from the leaflet 'Your Spinal Anaesthetic' available at [www.rcoa.ac.uk/document-store/your-spinal-anaesthetic](http://www.rcoa.ac.uk/document-store/your-spinal-anaesthetic).

## Nerve block techniques

There are a number of techniques that involve an injection of local anaesthetic close to the nerves that supply your hip. Your anaesthetist will describe them in detail for you. After surgery, part of your leg should feel heavy, numb and comfortable for 6 - 18 hours. Due to the heaviness, early mobilisation is difficult, but still possible. Nerve blocks are used with either general anaesthesia or spinal anaesthesia to provide pain relief after the operation. You will be given appropriate pain relief when the blocks wear off. While we may be close to your nerves with a needle, it is very rare to do any damage to them. Nerve damage can occur from stretching by the surgeon.

## A combination of anaesthetics

- You could have a **spinal** and a **general** anaesthetic together, though we usually prefer sedation with spinal anaesthesia to allow rapid wake up.
- You could have a **nerve block** with a **spinal** or **general** anaesthetic, to maximise pain relief after surgery.

## How will pain be controlled after the operation?

We like to use a combination of pain relief methods. Our acute pain team have helped develop an evidence-based approach to pain control and are available to assist after your operation. If you have been needing strong painkillers before surgery, these should be continued throughout your hospital stay, and you will receive

more to combat the pain of the operation.

- Simple painkillers, such as paracetamol and anti-inflammatories (e.g. ibuprofen) if you tolerate them, will be given regularly after your operation. They can be given as tablets or into your drip.
- Stronger painkillers such as morphine may be needed, in tablet or syrup form. Other morphine-like drugs can be used if side-effects prove to be a problem.
- Novel drugs, such as Gabapentin, are becoming popular to help reduce the amount of morphine you might need. They do have their own side-effects, however, such as dizziness and drowsiness.
- Nerve blocks are useful for pain relief in the first 12 - 24 hours after surgery, but may be associated with delayed mobilisation.

## References

- Information leaflet “Your Spinal Anaesthetic” available at The Royal College of Anaesthetist website in the section for patients (<http://www.rcoa.ac.uk/index.asp?SectionID=4>)
- Information leaflet “Epidurals for Pain Relief After Surgery” available at The Royal College of Anaesthetist website in the section for patients (as above).
- Information leaflet “Anaesthetic Choices for Hip and Knee Replacement” available at The Royal College of Anaesthetists (RCOA) (as above) and The Association of Anaesthetists of Great Britain and Ireland [www.aagbi.org](http://www.aagbi.org).
- The information leaflet “Having a General Anaesthetic” available on the West Suffolk Hospital website [www.wsh.nhs.uk](http://www.wsh.nhs.uk) — Patient Information.

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)  
<https://www.accessable.co.uk>*

