

Patient information

Anaesthesia for knee replacement surgery (the MOJO technique)

Introduction

As you are going to have a knee replacement soon, you may have heard that there are several different types of anaesthetic:

- A **spinal** anaesthetic
- A **general** anaesthetic
- Local Infiltration Analgesia

We have worked hard with the orthopaedic teams to ensure that all patients receive a standardised package of care for their knee replacement. We call this package the 'MOJO' technique — Multidisciplinary Orthopaedic Joint Optimisation. The anaesthetic is part of this package and includes 2 tablets as pre-medication: one (lansoprazole) to neutralize your stomach acid; and another (gabapentin) to add to the postoperative pain relief. The latter is given again in the evening.

You will be advised at the Pre-admission Clinic which of your normal medicines you should take on the morning of surgery.

The aim of the MOJO technique is to achieve good pain relief post-operatively so you can eat, drink and get back on your feet as quickly as possible.

Types of anaesthesia

All total knee replacements will be treated according to the MOJO technique unless there are contra-indication to any of the parts in the technique.

We combine either a spinal anaesthetic or a general anaesthetic with local infiltration to achieve good post-operative pain relief.

Spinal anaesthesia

A measured dose of local anaesthetic is injected into the fluid bathing the nerves in your lower back. You will go numb from the waist downwards and will feel no pain but you will remain conscious. If you prefer, you can also have drugs which make you feel sleepy and relaxed (sedation).

You can still have a general anaesthetic if your anaesthetist cannot perform the spinal, the spinal does not work satisfactorily or you choose to.

Advantages

- There is some evidence that with a spinal, less bleeding may occur during surgery, which would reduce your risk of needing a blood transfusion.
- You do not need strong pain relieving medicine in the first few hours after the operation.
- You should have less sickness and drowsiness after the operation and be able to eat and drink sooner.

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 cannot 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.

General anaesthesia

Please see hospital's patient information leaflet "Having a General Anaesthetic".

Local infiltration analgesia

Your surgeon will inject local anaesthetic into the knee joint during the operation to keep it almost pain-free for about 8 hours afterwards. This is done in combination with either general anaesthesia or spinal anaesthesia. It is a technique that is being used in many parts of the UK and around the world and is a safe and easy way of providing good pain relief, while still allowing you to use your leg muscles to get up quickly after surgery.

How will pain be controlled after the operation?

This is one of the important aspects of the MOJO technique. You will receive a standardised recipe of pain killers. There is also an acute pain team who are available to help with pain control on the ward 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.

- Gabapentin is a drug that may help reduce the amount of morphine you will need afterwards. It may give side-effects, such as dizziness and drowsiness. We will aim to give you some as a 'pre-med' before surgery, and if you tolerate it, another dose on the evening of surgery. It seems to help reduce the risk of developing chronic pain after knee replacement.
- Local Infiltration Analgesia will be used to give up to 8 hours of good pain relief after surgery and allow early mobilisation.
- Simple painkillers, such as paracetamol and anti-inflammatories (e.g. ibuprofen) if you tolerate them, will be given regularly after your operation.
- Stronger painkillers such as Oral Morphine will be used, in tablet or syrup form. Other morphine-like drugs can be used if side-effects prove to be a problem.
- If you have been taking strong pain killers at home, you may need a morphine pump attached to your drip for the first night after surgery (PCA machine — Patient Controlled Analgesia).

References

- Information leaflet “Your Spinal Anaesthetic” available from The Royal College of Anaesthetist (RCOA) website in the section for patients (<http://www.rcoa.ac.uk/index.asp?SectionID=4>)
- Information leaflet “Anaesthetic Choices for Hip and Knee Replacement” available from The Royal College of Anaesthetists (RCOA) website (as above) and The Association of Anaesthetists of Great Britain and Ireland (www.aagbi.org).
- Information leaflet “Having a General Anaesthetic” available on the West Suffolk Hospital website 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 (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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