Royal College of Anaesthetists | Association of Anaesthetists Great Britain & Ireland | Trusted Information Creator – Patient Information Forum

Anaesthetic choices for hip or knee replacement

Translations are available for this leaflet: **www.rcoa.ac.uk/translations**.

This leaflet explains the different choices of anaesthetic when you have an operation to replace your hip or knee and what you can expect. It has been written by anaesthetists working with patient representatives and patients, working together. It also shows you where to find other information that might be helpful.

Contents

This leaflet explains:

- the different types of anaesthetics for hip and knee replacement
- what happens before the operation
- how to discuss risks and options with your anaesthetist
- how to prepare for surgery
- what happens on the day of the operation
- what happens after the operation.

Anaesthetic choices for hip or knee replacement

When you are going to have a hip or knee replacement, there are two main different types of anaesthetic that you can have:

- a spinal anaesthetic
- a general anaesthetic.

Spinal anaesthetic

This involves injecting anaesthetic drugs into your lower back (between the bones of your spine). This makes the lower part of the body numb and pain free during the operation and you will not be able to move your legs. The effects of a spinal anaesthetic can last up to eight hours. The staff will be on hand to help you after the surgery. During a spinal anaesthetic you can stay awake.

Please see our leaflet Your spinal anaesthetic for more information: **www.rcoa.ac.uk/patientinfo/your-spinal-anaesthetic**.

General anaesthetic

This is medication that gives a deep sleep-like state. Drugs for a general anaesthetic are usually given into a vein or breathed in as a gas, or a combination of both. Please see our leaflet You and your anaesthetic: **www.rcoa.ac.uk/patientinfo/you-your-anaesthetic**.

There are other procedures that you can have as well, which are used together with the anaesthetic to reduce discomfort. These are:

- a nerve block
- wound infiltration or catheter
- sedation.

Nerve block

This is an injection of local anaesthetic near to the nerves that go to your leg to make it numb and pain free for some hours. Your anaesthetist may use an ultrasound machine to find the nerves. A nerve block is used to reduce the need for strong pain-killers after the operation.

Depending on the type of nerve block, you may not be able to move your leg fully until the local anaesthetic has worn off. This can take up to two days for some blocks. The staff will look after you and make sure that you are safe during this period.

A hip and knee operation cannot be done with a nerve block alone. You will need to have a spinal or a general anaesthetic as well. Please see our leaflet Peripheral nerve blocks for more information: **www.rcoa.ac.uk/patientinfo/peripheral-nerve-blocks**.

Wound infiltration or catheter

This is an injection of local anaesthetic, and sometimes other pain relief medicine, around the joint being operated on. It is given by the surgeon during the operation. It can be given with a spinal or general anaesthetic to make you more comfortable after the operation. Sometimes a small plastic tube (catheter) is left in the joint to top up the injection. This type of pain relief does not affect the nerves and you may be able to get up and move earlier than with a nerve block.

Sedation

Sedation is often used with a spinal anaesthetic to make you relaxed and sleepy during the operation. Sedation may be light or deep, and you may remember everything, something or nothing after sedation.

You can read more about sedation in our leaflet Sedation explained which can be found on our website: **www.rcoa.ac.uk/patientinfo/sedation-explained**.

Deciding which option is best for you

The anaesthetist will discuss with you the various options and which is best for you based on your risk, your health and the type of surgery that you are having.

Shared decision-making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.

Find out more on the National Institute for Health and Care Excellence (NICE) website: **https://bit.ly/NICE-SDMinfo**.

Below are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:

- Choosing Wisely UK BRAN framework – use this as a reminder to ask questions about treatment (**https://bit.ly/CWUK_BRAN**).
- Centre for Perioperative Care – CPOC has produced an animation to explain shared decision-making (**www.cpoc.org.uk/shared-decision-making**).

Questions you might like to ask

If you have questions about your anaesthetic, write them down (you can use the examples below and add your own). If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist on the telephone or see them in a clinic.

- **What type of anaesthetic would be best for me and why?**
- **Do I have any specific risks?**
- **What can I do to achieve the best results from the surgery?**
- **How long will my recovery take?**

Risk and anaesthesia

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or the equipment used, which are usually not serious or long lasting. Risks will vary between individuals and will depend on the procedure and anaesthetic technique used.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you. They will discuss less common risks only if they are relevant to you.

If you wish to read more detail about risks associated with anaesthesia, please visit: www.rcoa.ac.uk/patientinfo/risk.

Before your operation

The preoperative assessment clinic (preassessment clinic)

If you are having a planned operation, you might be invited to a preoperative assessment clinic a few weeks or days before your surgery. Sometimes, for more minor surgery, a nurse will telephone you or you may be asked to fill in a questionnaire.

Please bring the following with you:

- a list of the medications that you are taking or your medicines in their full packaging (you can get a copy of this list from your pharmacist or GP)
- details of any other medication that you take that has been prescribed to you by a private doctor or an online pharmacy, including weight loss drugs
- details of any hormonal contraceptives (tablets or other forms) that you are taking
- details of any herbal remedies that you are taking.

Note: it's important to let the preoperative assessment team know about any medication or herbal remedy that you take because many can affect how the anaesthetic works and can increase the risk of some complications.

You should also bring with you:

- any information that you have about tests and treatments at other hospitals
- information about any problems you or your family may have had with anaesthetics
- any recent blood pressure measurements.

Note: it's important to have your blood pressure checked at your GP surgery as soon as you know that you are going to have an operation. If your blood pressure is high, treatment can be started well ahead of the operation to avoid delays with your surgery.

Nurses at the clinic will:

- ask you in detail about your activity and any physical and mental health problems
- ask you about allergies and reactions (please bring details)
- make an accurate list of the medicines that you take, including long-term painkillers

- ask you if you smoke, vape , drink alcohol or take recreational drugs
- weigh you and measure your height
- take your blood pressure and check your heart rate and oxygen levels
- listen to your heart and chest if required
- arrange any blood tests as needed
- perform an electrocardiogram (ECG) to check your heart if necessary
- take a skin and/or nose swab to check for any infection
- advise you on what medication you should take on the day of your surgery and what pain relief you should have ready at home for your recovery
- give you information about the procedure and any risks
- give you information about when to stop eating and drinking.

They may also give you information about blood transfusions if they think that you may need one.

Blood transfusions are always avoided unless necessary. You can also find information about them on the NHS website: **www.nhsbt.nhs.uk/what-we-do/blood-services/blood-transfusion**.

Preparing for the operation

Fitter patients who are able to improve their health and lifestyle recover from surgery more quickly and with fewer complications.

There is much you can do to prepare yourself for an operation. Even small changes can make a big difference. You should consider increasing your levels of physical activity, improve your diet and reduce alcohol intake. If you smoke or vape, you should cut down or ideally quit before surgery to reduce your risk of complications. If you would like help quitting, speak to your preoperative assessment team or GP.

If you have a long-standing medical problem, check with your GP surgery whether there is anything that you can do to improve it well ahead of the surgery.

Our Fitter Better Sooner resources will provide you with the information that you need to become fitter and better prepared for your operation. Please see our website for more information: **www.rcoa.ac.uk/patientinfo/fitterbettersooner**.

Prehabilitation programmes

If you have planned hip or knee surgery, your hospital may offer a range of programmes to help you get fitter for your operation, speed up your recovery and leave hospital earlier, for example, enhanced recovery or joint schools. If your hospital offers these programmes, you can discuss them with your surgeon or preoperative assessment team.

On the day of your operation

The hospital should give you clear instructions about when to stop eating and drinking before your operation. These instructions are important. If there is food or liquid in your stomach during your anaesthetic, it could come up into your throat and lungs and endanger your life.

Depending on your surgery and medical conditions, some hospitals will allow you to 'sip til send'. This means that you will be allowed to drink small amounts of clear liquids right until the time of your surgery to help you stay hydrated. You can read more about 'sip til send' on the Centre for Perioperative Care website: **www.cpoc.org.uk/resources/sip-til-send**.

You should not smoke or vape on the day of the operation and, ideally stop, for two days before surgery. Smoking and vaping reduce the amount of oxygen in your blood.

If you are on medication, you should follow the specific instructions from the preoperative assessment team about how to take them on the day of the operation. You will be allowed a sip of water to take any tablets as needed.

- If you have diabetes, please check with your hospital about when to stop eating and drinking and how you should take your medication on the day of your operation.
- If you take any 'blood-thinning' drugs such as warfarin, clopidogrel or rivaroxaban, you will need to discuss with your consultant or the preoperative assessment team whether or when you should stop taking them. They will look at any risks of bleeding and risks of stopping the treatment and make a plan with you. Your nurse will give you clear instructions before your surgery.
- **If you take GLP-1 weight loss drugs** (for example, Mounjaro, Ozempic. whether prescribed privately or on the NHS), you must tell the anaesthetist and the preoperative assessment team. GLP-1 medications may increase the risk of food getting into your lungs during the anaesthetic. The anaesthetist or preoperative assessment nurse needs to know if you take these medications so that they can take steps to minimise this risk.

Please remove nail varnish, false nails or gels before coming to the hospital. This ensures that the clip on your finger to measure oxygen levels works well during your anaesthetic.

You should remove jewellery and body piercings well ahead of surgery, especially piercings in the mouth. If you cannot remove a piercing, the nurses will cover it with tape to prevent damage to it or to your skin. A wedding ring can usually be worn.

If you feel unwell when you are due to come into hospital, please telephone the ward for advice.

Getting ready for your operation

Your nurse will give you a hospital gown to wear and discuss what underwear you may wear. You might be asked to wear elastic stockings to reduce the risk of blood clots in your legs.

Your nurse will attach identity bands to your wrist or ankle and, in some hospitals, an additional band if you have any allergies.

Premedication (a 'pre-med') is sometimes given before some anaesthetics. Pre-meds prepare your body for surgery – they may start off the pain relief, reduce acid in the stomach or help you relax.

If you are female and aged between 12 and 55 years and have the potential to become pregnant, a nurse will carry out a routine pregnancy test using a urine sample.

Meeting your anaesthetist

Depending on the complexity of your surgery and your existing medical conditions, you may meet with an anaesthetist at the preassessment clinic. Otherwise you will meet your anaesthetist in the hospital on the day of your surgery. They will discuss the type of anaesthetic that you can have, including benefits, risks and your preferences, and you will decide together which anaesthetic is best for you.

However, not all types of anaesthetic are appropriate for all types of operations. If there is a choice of anaesthetic, the decision on which to use will depend on:

- the operation you are having
- any medical problems and your specific risks
- your preferences and the reasons for them
- the recommendation and particular skills of the anaesthetist
- the equipment, staff and resources at the hospital.

You may also meet other highly trained healthcare professionals. Read more about these roles and the anaesthesia team on our website: **www.rcoa.ac.uk/patientinfo/anaesthesia-team**.

When you are called for your operation

- A member of staff will go with you to the theatre.
- You can usually wear your glasses, contact lenses, hearing aids and dentures until you are in the room where your anaesthetic will be given. You may be able to keep them on if you are not having a general anaesthetic.
- If you are having a local or regional anaesthetic such as a spinal, you may be able to take your own electronic device, with headphones, to listen to music (check with your nurse beforehand).
- You may walk to theatre, accompanied by a member of staff, or you may go in a wheelchair or on a bed or trolley. If you are walking, you can usually wear your own dressing gown and slippers.

Routine checks will be done as you arrive in the operating department, before the anaesthetic starts. You will be asked your name, your date of birth, the operation that you are having, the part of your body on which you are having the surgery, when you last ate or drank and about any allergies. These checks are standard in all hospitals and are an important part of safety procedures.

Starting the anaesthetic

Your anaesthetic may start in the anaesthetic room or the operating theatre. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will connect you to machines that measure your heart rate, blood pressure and oxygen level.

A cannula, a thin plastic tube, will be inserted into a blood vessel on the back of your hand or arm. This will be used to give the anaesthetic and any other drugs required during and after surgery.

What happens next will depend on the type of anaesthetic that you are having. If you are having a general anaesthetic, you will be given medication through the cannula to send you off to sleep. If you are having a spinal anaesthetic, an injection will be given into your back to numb the lower part of your body. Your anaesthetist will explain what will happen and make sure that you are comfortable throughout.

Read our leaflets to find out more about what to expect when having a general anaesthetic or a spinal anaesthetic:

- You and your anaesthetic (**www.rcoa.ac.uk/patientinfo/you-your-anaesthetic**)
- Your spinal anaesthetic (**www.rcoa.ac.uk/patientinfo/your-spinal-anaesthetic**).

During the operation

Your anaesthetist will stay with you for the whole operation and monitor your condition very closely, adjusting the anaesthetic as required. If you are awake or having sedation, the anaesthetist will be able to talk with you to reassure you and help you relax.

After the operation

- You will be taken to the recovery room, a special ward close to the operating theatre, where you will be closely monitored as you recover from the anaesthetic.
- You will receive one-to-one care from a healthcare professional in the recovery room. There will be other patients in the same room.
- Your heart rate, blood pressure and oxygen levels will be monitored carefully. You will usually be given oxygen through a light plastic facemask.
- You may have a drip to give you fluids through the cannula.
- If you have pain or sickness, it will be treated promptly.
- You may be offered something to drink.
- When the recovery room staff are satisfied that you have recovered safely from your anaesthetic, you will be taken back to the ward.

Pain relief

The aim of pain relief after a hip or knee operation is to help you manage any discomfort and to allow you to get up and start using your new joint.

You can find out more information about the different types of pain relief that you might be offered in our leaflet Pain relief after surgery: **www.rcoa.ac.uk/patientinfo/pain-relief**.

Although you may be given a supply of painkillers when you leave the hospital, you should stock up with over-the-counter painkillers to have ready for when you go back home (for example. paracetamol and ibuprofen).

Going home and when to ask for help

How soon you will be able to go home will depend on how fast you recover after the operation, your health condition and the type of surgery and anaesthetic that you have had. Some patients may go home the same day in some hospitals, whereas others may need to stay in hospital for

a few days. Generally, you will be able to go home once you have started eating, drinking and mobilising. The healthcare team will also want to be certain that any pain is under control and that you can pass urine before discharging you.

You will not be able to drive after surgery, so you should arrange a taxi or for someone to pick you up.

Before being discharged you will be given information on any exercises that you should do to help you recover and information on how to look after your wound.

You should contact your GP or the hospital where you had your surgery if:

- you have severe pain or your pain increases
- you develop pain and swelling where you had the surgery
- you experience chest pain or breathing difficulty
- you have any concerns that are not covered in the discharge information that you will have been given by the hospital.

If you feel very unwell you should go to your nearest emergency department as soon as possible.

Disclaimer

We try very hard to keep the information in this leaflet accurate and up-to-date, but we cannot guarantee this. We don't expect this general information to cover all the questions you might have or to deal with everything that might be important to you. You should discuss your choices and any worries you have with your medical team, using this leaflet as a guide. This leaflet on its own should not be treated as advice. It cannot be used for any commercial or business purpose. For full details, please see our website: **www.rcoa.ac.uk/patientinfo/resources#disclaimer**.

Information for healthcare professionals on printing this leaflet

Please consider the visual impairments of patients when printing or photocopying this leaflet. Photocopies of photocopies are discouraged because these tend to be low-quality prints and can be very difficult for patients to read. Please also make sure that you use the latest version of this leaflet, which is available on the RCoA website.

Tell us what you think

We welcome suggestions to improve this leaflet. If you're a patient or carer, we'd love to hear from you. Please complete this short survey at: **www.rcoa.ac.uk/patientinfo/hip-knee-replacement#tell-us** or you can scan the QR code below with your mobile.

If you have any general comments, please email them to: **patientinformation@rcoa.ac.uk**.

Your feedback helps us understand who is using our information, how useful it is and how our resources have helped you. Thank you.

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This leaflet will be reviewed within three years of the date of publication.

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