

The Merits of Regional Anesthesia for Patients Undergoing Total Hip Replacement

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This E-Focus on Adult Reconstruction in the journal has brought together 4 excellent articles that will be of great interest to adult reconstruction surgeons. Although each paper is equally deserving of an accompanying editorial, I was particularly heartened to read the study by Maurer and colleagues (Comparison of Outcome of Using Spinal Versus General Anesthesia in Total Hip Arthroplasty). This retrospective study from a single institution highlights the benefits of regional and, in this particular case, spinal anesthesia for patients undergoing total hip arthroplasty. Patients receiving spinal anesthesia had lower operative time, estimated blood loss, and transfusion requirements than did patients undergoing total hip arthroplasty under general anesthesia. The findings of this study echo what has previously been demonstrated—in numerous studies—to be the case with epidural anesthesia. The national trend toward administering regional anesthesia for patients undergoing joint arthroplasty in recent years attests to the recognition of the benefits that this anesthesia technique confers. Although all of the parameters evaluated by Maurer et al in their study are of great importance to patients and surgeons alike, one overwhelming, and perhaps the most important, attribute of regional anesthesia is improved pain control and patient satisfaction. Considering that 98% of patients fear postoperative pain and that $\frac{2}{3}$ of all readmissions to hospitals are the result of inadequate pain control, the importance of postoperative comfort for our patients should not be overlooked. When asked by my patients about the reason for regional versus general anesthesia for their joint replacement, I like to say “because I do not want you to be in agony when they pull the endotracheal tube out of your mouth.” Having trained during 1980s in the British system when regional anesthesia was only a term in medical dictionaries, I witnessed almost all patients rolling in pain in the recovery room or holding



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a bowl full of vomitus induced by the massive doses of narcotics needed to control their pain. The latter is a rare sight these days, particularly when patients receive the extended-release epidural morphine as a single epidural injection. These patients, in my experience and that of my partners at my institution, feel little pain during their entire short stay in the hospital after hip replacement.

Some minor, yet important caveats regarding regional anesthesia should not go unmentioned. The administration of regional anesthesia, particularly epidural, can challenge the skills of the anesthesia personnel. The task is even harder in patients with previous spinal fusion or spinal deformity and in obese patients. Another is the fairly strict contraindications that are set by the American Society of Regional Anesthesia (ASRA). According to the criteria set by ASRA, patients with abnormal coagulation on the day of surgery should not receive regional anesthesia. Not an insignificant portion of our patients fall into the above categories. Finally, some surgeons dislike regional anesthesia because of the theoretical fear of increased dislocation. I would argue that full muscle relaxation conferred by spinal anesthesia is a positive attribute, as it allows one to perform the surgery in an expeditious manner without mal-handling the soft tissues and struggling with dislocation or reduction during surgery.

As our patients continue to become educated in matters of their health and engage more in the decision-making process, we will witness better and better pain control and enhanced satisfaction following joint replacement, which is, without dispute, the most successful surgical procedure around. The administration of regional anesthesia fits beautifully into multimodal pain control protocols, a concept that we have all come to recognize recently and a strategy that continues to benefit our patients. ■

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