TOTAL KNEE AND HIP ARTHROPLASTY ANALGESIC PATHWAY

These are guidelines and individual variation is encouraged.

PRE-OP
- **Multimodal oral analgesia** on arrival, included on Surgical Preoperative Order set: Tylenol 975mg PO, Celebrex 200mg PO.
- Consider pre-operative oral **hydromorphone** especially for shorter acting spinals.
- **SAB preferred**, but GA acceptable.
- Pre-operative consent for **adductor canal block for TKA’s**: Consider reducing periarticular dose to allow for 10-20 ml 0.25% Ropivacaine for rescue ACB for post-op.

INTRA-OP
- **Reduced spinal dose for same-day joints** (for example, 7.5-10mg heavy bupivacaine), preferentially gravitated to operative side during prep and positioning.
- **No spinal epimorphine**: consider only for chronic pain patients who are not same-day discharge candidates.
- **Dual anti-emetic prophylaxis** with dexamethasone and ondansetron, for BOTH spinal and GA, unless contraindicated (nausea and vomiting remains major barrier to same-day discharge in TKA’s/THA’s).
- **1-2L Ringer’s Lactate** unless otherwise contraindicated: N/V and orthostatic hypotension are frequent barriers to PACU discharge in these patients.
- **PAI**: Ropivacaine 3mg/kg, consider decreasing volume by 10ml to allow for ACB
  - reduce dose further if CHF, liver dysfunction, age >75= 2.5mg/kg ropi.
- May consider Magnesium 2g IV intra-op.

POST-OP
- **No IV-PCA**
- Ensure post-op analgesia and N/V orders immediately available.
- **Hydromorphone 2-4 mg PO.**
- **Review home discharge orders for same-day candidates:**
  Tylenol 975mg q6h
  Celebrex 100-200mg BID
  Hydromorphone 2-4mg PO q4h PRN
  Ondansetron 4mg ODT q8h, gravol prescriptions for candidates at high risk of N/V (younger age, female, non-smokers, previous history of PONV, patients who had general anesthesia)