**KHSC TOTAL KNEE AND HIP ARTHROPLASTY ANESTHESIA PATHWAY**

**PRE-OP**

**Multimodal oral analgesia** on arrival: Tylenol 975mg, Celebrex 200mg.

Consider pre-operativeoral **hydromorphone** 2-4mg especially for shorter acting spinals.

**SAB preferred**.

**Adductor canal block recommended for TKAs**: 15-20ml of ropivacaine 0.25%.

**INTRA-OP**

**Reduced spinal dose to target same-day discharge**. **Goal is to mobilize patient within 4 hours post-operatively.**

Suggested doses:

* Mepivacaine 45-60mg, 50mg should be adequate for uncomplicated TKA/THA.
* 0.75% bupivacaine 8.25 - 9mg, lay patient on operative side if using for THA.
* 0.5% bupivacaine, 7.5 – 8mg.
* Chloroprocaine 50mgif duration of anesthesia required is less than 50 minutes.
* With lower dose spinals, a full motor block may not always be present.

**Avoid all neuraxial opioids:** Consider epimorphine only for chronic pain patients who are not same-day discharge candidates.

**Dexamethasone 4-8mg** and **ondansetron,** for both spinal and GA.

**10-20ml/kg Ringer’s Lactate.**

**PAI: 0.2%** **Ropivacaine 3mg/kg.** Enhanced Recovery Canada (ERC) guideline for THA/TKA authors add ketorolac 30mg and epinephrine 500mcg to 100ml ropivacaine 0.2%, and their described dose is **400mg.**

**TXA 1g IV.**

**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

*Reference to Enhanced Recovery Canada Clinical Pathway for THA’s and TKA’s:* [*https://www.healthcareexcellence.ca/media/k0mbozhc/erc\_clinicalpathway\_arthro\_july2021\_en.pdf*](https://www.healthcareexcellence.ca/media/k0mbozhc/erc_clinicalpathway_arthro_july2021_en.pdf)