



Newport Hospital

Lifespan. Delivering health with care.®

Anesthesia for your Total Joint Surgery

We look forward to taking care of you for your upcoming Total Joint Surgery.

We will review your medical chart a couple of weeks before your surgery date so we can plan for your anesthesia care.

We try to follow the guidelines of Enhanced Recovery After Surgery (ERAS) for Total Joint Surgery to maximize your success for a smooth recovery.

Your Holding Unit nurse will admit you and give you any medications that your orthopedic surgeon has prescribed for you preoperatively. This could include Tylenol if you haven't taken it at home, Meloxicam (a non-steroidal anti-inflammatory drug if you are eligible to take this safely) and Lyrica (an anti-nerve pain medication). Lyrica can have some sedating properties. This "cocktail" of medications is designed to reduce your pain after surgery.

We will offer you a nerve block in the Holding Unit if you are having your knee replaced. You can receive mild sedation for the block which is done with ultrasound guidance. This nerve block gives you a numbness on the inside portion of your knee going down to your ankle for about 24 hours. It will not make you weak. It should decrease your pain after surgery.

Our first-choice primary anesthetic in the operating room is a Spinal for total joint surgery. This may help decrease your chance of blood clots, decrease bleeding, and speed up your ability to recover for discharge. The spinal is performed in the operating room with you mildly sedated. After the spinal is successfully placed, you will be started on an IV Propofol infusion to keep you very relaxed. Most of our patients do not remember the surgery after receiving Propofol. You will be monitored closely the entire time that you are sedated and having surgery. Remember, a Spinal does NOT mean that you are awake for your surgery.

We rarely see Spinal headaches in patients having total joint surgery. We do not need you to lie flat or in bed to prevent a headache. There is a chance of a Spinal lowering your blood pressure. We will be carefully monitoring your blood pressure in the operating room, and we may give you extra IV fluid in the Recovery Room (PACU) to offset that before physical therapy.

We will coordinate with your cardiologist or PCP if you are on a blood thinning medication so we can hold it for the appropriate number of days to do a spinal and your surgery safely.

If you have any concerns about getting a Spinal, we are happy to discuss those with you on the day of surgery during the anesthesia interview and exam. General Anesthesia is the alternative if we decide that a spinal is not appropriate for you.