

Symposium II

Multimodal Anesthesia & Analgesia in Total Hip and Total Knee Arthroplasty: Where Do We Stand in 2020? A Collaborative Clinical Practice Guideline

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Effective pain control after total joint arthroplasty (TJA) has been shown to improve outcomes including faster recovery, lower complication rates, reduced costs of care, and improved patient satisfaction. There are many anesthetic and analgesic options to control pain after TJA. Historically, opioids were a cornerstone of controlling pain after TJA. However, opioids have substantial side effects and risks including dependence, which has led to the opioid epidemic the United States is fighting today. Multimodal analgesic regimens in TJA have garnered substantial interest because they limit the use of opioids perioperatively; yet, today there is no consensus regarding the optimal anesthesia and anesthetic regimen for TJA that maximizes postoperative pain control while minimizing the risks associated with prescribing opioids. This symposium will present and discuss the findings of the Anesthesia & Analgesia in Total Joint Arthroplasty Clinical Practice Guidelines, which is a collaboration between the American Association of Hip and Knee Surgeons, American Academy of Orthopaedic Surgeons, American Society of Regional Anesthesia and Pain Medicine, and the Hip and Knee Societies. This will be the second of a two-part series presenting the findings on injectable medications including corticosteroids, ketamine, periarticular injections, and regional blocks of the hip and knee. We will discuss the current evidence for each of the analgesic methods and address current controversies such as intravenous steroids in diabetic patients, critical components of a periarticular injection, and should both hip and knee arthroplasty patients get a peripheral block..

Learning Objectives:

1. To discuss the current controversies and the current evidence on the use of corticosteroids and ketamine for the treatment of pain during and after total hip and total knee arthroplasty.
2. To understand the current evidence for periarticular injections and the components utilized in the “cocktail” during total hip and total knee arthroplasty.
3. To understand the utility of peripheral blocks in total hip and total knee arthroplasty while recognizing the potential pitfalls of motor blockade from specific peripheral blocks.

Outline:

Introduction

William G. Hamilton, MD

Intravenous Corticosteroids and Ketamine: Should These Medications Be Universally Administered to Hip and Knee Arthroplasty Patients?

J. Bohannon Mason, MD

Periarticular Injections: How Effective Are They and Which Medication Should We Use?

Mark J. Spangehl, MD

Hip Peripheral Blocks: What Is the Value of a Peripheral Hip Block; Should Everyone Get a Peripheral Block?

Yale A. Fillingham, MD

Knee Peripheral Blocks: What Peripheral Knee Block Balances Pain Control and Motor Function?

Matthew S. Austin, MD

Discussion

All Faculty

Notes
