COMPARISON OF POSTOPERATIVE PAIN SCORES IN PATIENTS RECEIVING SPINAL versus GENERAL ANAESTHESIA FOR PRIMARY TOTAL KNEE AND HIP REPLACEMENT

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Background: In lower extremity joint replacement, the choice of anaesthetic technique to optimise postoperative pain relief is controversial and challenging. We compared the use of spinal anaesthesia (SA) with intrathecal diamorphine and general anaesthesia (GA) in total knee replacement (TKR) and total hip replacement (THR). Primary outcome measures included postoperative pain scores, time to mobilisation and time to discharge.

Methods: The audit included 24 patients, aged 23-82 years, scheduled for TKR and THR. Group A1 = TKR+SA, group A2 = TKR+GA, group B1 = THR+SA, group B2 = THR+GA.

3ml 0.5 % bupivacaine with 300µg of diamorphine intrathecally was used for SA and sedation with propofol administrated by target control infusion. All procedures were performed by the same surgeon. Local wound infiltration (LWI) with levobupivacaine, morphine and ketorolac was given to all patients. Postoperatively, patients received paracetamol and codeine 6 hourly and morphine orally as required. Pain was assessed by visual analogue score (VAS).

Results:

	Group A1 (n=5)	Group A2 (n=3)	Group B1 (n=11)	Group B2 (n=5)
<u>Median VAS:</u>				
1 st postoperative day	2	2	2	2
2 nd postoperative day	3	2	2	2
3 rd postoperative day	1	2	1	1
<u>Mobilisation within (day)</u>	1	1	1	1
<u>Discharge in (day)</u>	4	5	4	4

Conclusion: When LWI is used, SA with intrathecal diamorphine and GA are comparable anaesthetic techniques, resulting in satisfactory postoperative pain scores and enabling early mobilisation and discharge.