

Welcome to the: Orthopaedic Opinion Online Website

The website for the answer to all your Orthopaedic Questions

- **Orthopaedic Opinion Online** is a website designed to provide information to patients who have orthopaedic and musculoskeletal problems and are undergoing treatment.
- **Patient information** is provided in the form of downloadable information sheets.
- **Orthopaedic advice** and second opinions can be provided by our expert internationally renowned Consultant Orthopaedic Surgeons.
- **Online review** of patients' X rays or MRI scans can also be provided and any proposed treatment plans reviewed.
- **Book a clinical consultation** with one of our internationally renowned consultant orthopaedic surgeons in Bristol or London.
- **Orthopaedic reports** can be provided for Injury or Accident Claims and Medical Negligence claims.

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General Anaesthetic for Orthopaedic Procedures

Key words: Anaesthesia, general anaesthetic, local anaesthetic, spinal anaesthetic, epidural injection, pain relief, patient controlled analgesia, morphine pump, non-steroidal anti-inflammatory medication, analgesics, narcotics, paracetamol, intravenous injection, spinal injection.

Many of the larger orthopaedic Surgery procedures require a general anaesthetic. This is the technique whereby an anaesthetist or specialist doctor administers medication such that the patient loses consciousness such that they can no longer move or feel any pain. The anaesthetic used to be given by a gas however more recently an intravenous sedative is given by injection together with an analgesic or pain killer. In addition pain relief may be increased by injecting local anaesthetic into a local nerve or around the spinal cord in the back; a spinal anaesthetic. This usually allows a gentle sleep to be induced, the procedure to be completed and for the patient to wake without pain and often unaware that any surgical procedure has been performed.

Prior to Surgery

Before the anaesthetic you will not be permitted anything to eat or drink for approximately six hours before your operation. Ward staff will help you to take a bath or shower and put on a surgical gown. You will also have to remove make-up, nail polish or jewellery (it is advisable to leave valuables at home). If you wear glasses or false teeth, these can be removed in the anaesthesia room if you wish. Your anaesthetist will visit you to explain the procedure on the ward. You will be taken from the ward to the operating theatre and, before going into theatre, you will be taken into the anaesthesia room, accompanied by a theatre nurse. You will be asked a number of questions from a checklist which you will already have answered – this procedure is therefore purely a double-check.

Three sticky patches are applied to the chest area which allow the heart to be monitored during surgery. A small plastic tube is inserted into a vein, usually at the back of the hand. This is taped in place and is the route through which all necessary drugs will be injected.

Types of Anaesthetic

Types of anaesthetic include either a general anaesthetic where you will be sent to sleep, or a local anaesthetic. With the latter kind you will remain conscious throughout the procedure although a screen will be erected so that you won't be able to see the actual operation. Which type of anaesthesia you receive depends on your situation as well as your surgeon's and anaesthetist's recommendations – discuss this with them beforehand if you have any concerns regarding this. For significant orthopaedic procedures a general anaesthetic is usually used. However sometime a spinal anaesthetic alone is enough and you will remain conscious throughout the procedure although a screen will be erected so that you won't be able to see the actual operation. Which type of anaesthesia you receive depends on your situation as well as your surgeon's and anaesthetist's recommendations – discuss this with them beforehand if you have any concerns regarding this.

With a general anaesthetic, once the sedative is injected, which normally feels slightly cold, you will begin to feel drowsy. You may be asked to count backwards from ten – invariably you will be asleep well before you reach the number one. You may also be given a local anaesthetic to supplement the main general anaesthetic, for additional pain relief.

Once asleep, the anaesthetic team begin their work. You may be intubated – whereby a tube will be passed down your throat, allowing oxygen and other gases to be pumped into the lungs. You may also be catheterised, enabling kidney function to be monitored during surgery. The catheter may be left in place for approximately 24 hours after surgery, removing the need to get up and empty the bladder. Once these processes have been completed satisfactorily, you are ready for surgery.

Post – Operative Recovery

Following surgery you will wake up in the recovery room with it's attendant recovery nurses. They will supplement any pain relief requirements and monitor you for a little while. Subsequently you will be returned to the ward.

Pain Relief at Home

Postoperative analgesia and pain relief is a complex area to understand. There are many different types of pain relief which may be administered by various routes and in various combinations. Generally less post operative analgesia will be required after a spinal anaesthetic. The requirement for pain relief diminishes with time so the early stages or the first night might be the most uncomfortable. Thereafter increasingly medication will be given by mouth rather than injection. Any spinal or urinary catheter will usually be removed in the first 24 hours. The requirement for morphine or opiate based analgesics is unusually after 24 hours. Regular oral analgesics of paracetamol or codeine based medications is routinely necessary for 2 or more weeks. Some analgesia is often required for 6 – 12 weeks. It is not uncommon to require analgesics to get comfortable at night for a little longer.