

Researchers show benefits of local anesthesia after knee replacement surgery

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Researchers at the Rothman Institute at Jefferson have shown that local anesthesia delivered through a catheter in the joint, intraarticularly, may be more beneficial than traditional opioids such as morphine and Oxycontin for pain management following total knee replacement surgery.

"This study opens up a potential new option for better pain management post-surgery for our knee replacement patients. Though further study is needed, these initial results are promising," says Nitin Goyal, MD, of the Rothman Institute at Jefferson, an author on the study.

Their research will be recognized with the Knee Society Award for the best work on a surgical technique at the American Academy of Orthopedic Surgeons annual meeting, February 7-11 in San Francisco. Their initial study findings will be presented on Friday, February 10th at 5:42 PM Pacific Time.

Provided by Thomas Jefferson University

The randomized, double-blind trial administered either bupivacaine, a common analgesic, or normal saline intraoperatively through a [catheter](#) in the joint to 150 primary, unilateral knee replacement patients.

The catheters released fluid continually over two postoperative days. Patients were asked to complete questionnaires at 5 PM on the day of surgery and 8 AM and 5 PM each day until discharge, as well as at a four-week follow-up visit.

Patients who received bupivacaine reported receiving the least pain and the lowest narcotic consumption. There was also no significant difference in [postoperative complications](#).

The study concludes that knee replacement patients may positively benefit from intraarticular delivery of a local analgesic to decrease overall pain levels and reduce the need for [opioids](#) following surgery. With no noted increase in infection risk, intraarticular delivery may also provide an effective alternative for pain relief in the immediate postoperative time period without the disadvantages encountered with epidural anesthesia, regional nerve blockade and patient controlled analgesia pumps.

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