

A new technique to improve pain management after hip replacement

MEDICAL TITLE: ERECTOR SPINAE BLOCK FOR TOTAL HIP REPLACEMENT

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AIM OF THIS STUDY

To assess a new technique to reduce pain after hip replacement surgery

SUMMARY

An injection of local anaesthetic or saline in your lower back just prior to your hip operation

BACKGROUND

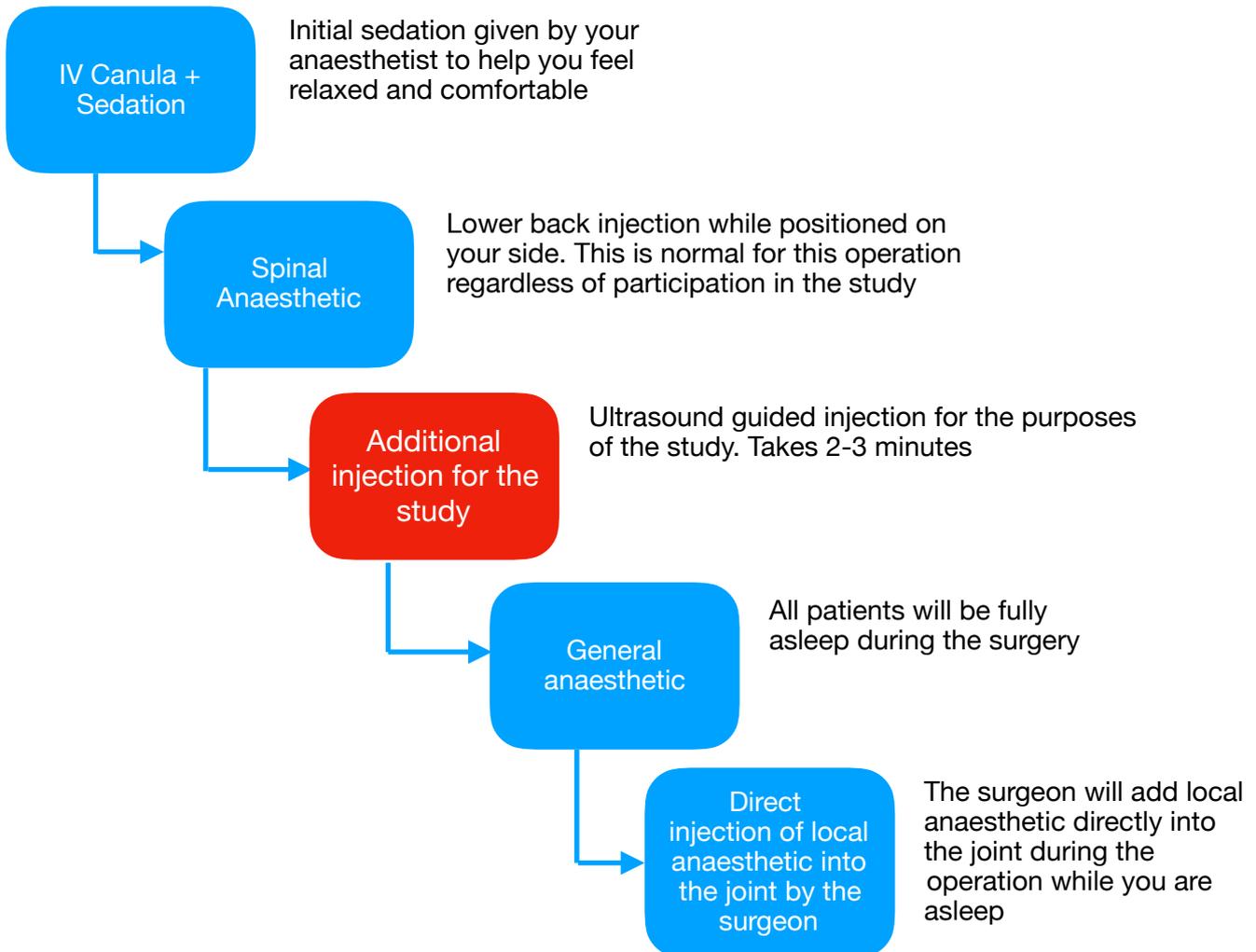
Currently a majority of patients recover well after hip replacement surgery with well controlled pain. However a small percentage of patients experience more significant pain particularly in the first 24 hours. Current methods to reduce pain after surgery include an initial preoperative injection of local anaesthetic in the lower back called a spinal anaesthetic. This renders both legs numb for 2-3 hours and allows patients to wake up pain free. The surgeon also injects local anaesthetic directly into the joint during the operation while you are asleep which helps to reduce pain once the spinal anaesthetic has worn off. These injections are combined with pain tablets. Simple pain medication such as paracetamol and anti-inflammatories are combined with stronger pain tablets such as pregabalin (LYRICA) and tapentadol (PALEXIA). These are given at regular intervals. In addition to this quick onset strong pain tablets can be requested and are available every 2 hours for any additional pain.

Despite these techniques some patients may still experience severe pain. While this can be managed reasonably well with additional strong pain tablets, patients are then more likely to experience side effects and there may be a period of time before pain can be adequately suppressed. Ideally prevention of the onset of severe pain is preferable.

Additional 'nerve block' techniques have been used to prevent severe pain. A 'nerve block' is the placement of local anaesthetic by injection close to relevant nerves so that pain signals can be reduced. Examples of these include femoral nerve blocks' and 'lumbar plexus blocks'. While these nerve blocks may reduce pain they may cause transient weakness of the thigh muscles (12-24h) which can delay mobilisation and can increase the risk of falls. Lumbar plexus blocks can also be more technically challenging. Hence these nerve blocks are not routine.

A newer technique involves injecting local anaesthetic in the lower back to the side of the operative hip adjacent to the lumbar vertebra (close to the spinal column) below a muscle. This is technically easier and may be less likely to cause muscle weakness and yet can be effective in reducing pain signals from the hip for up to 12 hours. The technical term is called an ERECTOR SPINAE BLOCK named after the muscle below which the local anaesthetic is injected.

You will receive either local anaesthetic which may reduce pain or saline (salty water) which will have no effect on your pain. In either scenario all efforts will be made to keep you comfortable with the usual pain tablet medication as described above.

ANAESTHETIC SUMMARY**YOUR PARTICIPATION**

You will be asked to complete a questionnaire. This will include reporting your pain scores at 6, 12 and 24 hours after your operation and a short 5 minute questionnaire on your overall quality of recovery at 24h. Your participation is entirely voluntary. Your care will not be affected in any way should you choose not to participate in this study. By participating you will be helping us to provide better information to Anaesthetists with which to advise patients like you, potentially improving the care we can provide. Should you change your mind and choose to withdraw from the study you can do so at any time and for any reason without compromise to your care.

CONFIDENTIALITY

Your identifying information will not be recorded or reported in the study data. Any published data will not include reference to you individually. If you choose to withdraw from the study at any time, any data collected from you will not be included in any analysis or reporting.