

Peri-operative plan for patients undergoing THR/TKR/UKR

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Patients on pre-operative opioids e.g. transdermal patches, oral morphine or MR opioids, allergy/intolerance to dihydrocodeine/codeine/tramadol/oral morphine will require individualised analgesic plan

***IF eGFR <50 anaesthetist will prescribe individualised post-op analgesia. Note oral opioids may require dose and interval adjustment in renal impairment and or frailty**

Require dose and interval adjustment in renal impairment and/or frailty										
*Pre-meds	Paracetamol 1g (500mg if <50kg), Naproxen 500mg (if appropriate) Pre-warm.Fasting times: 6h food; 2h coffee/tea with little milk; water until sent for									
Spinal	Option A Operation time <90 min Prilocaine 2% hyperbaric Volume: 3ml (knee) 3.5ml (hip) Tip: post insertion lie patient supine for min 2min with trolley slightly tilted towards operative side	Option B Operation time >90 min 0.25% racemic bupivacaine Volume: 3.5-4ml								
TKR or UKR	Perform USG proximal adductor canal block +/- genicular blocks using 0.25% bupivacaine (see 'local anaesthesia for U/TKR' for doses)									
Intra-op Care	Encourage patient to stay awake/minimal sedation with low dose TCI propofol Aim 1000ml iv fluid unless additional losses Normotension: aim MAP within 20% baseline, use vasopressors rather than excess. iv fluids	Active warming Mechanical thromboprophylaxis Dexamethasone 13.2mg Ondansetron 4mg								
Antibiotics	Single (STAT) dose of all Antibiotics Consult Eolas app for current advice									
Tranexamic Acid	Induction 1-2g iv Post-op 1g po at 4 hours	Renal Impairment dose adjustment eGFR 30-60 single iv dose 10mg/kg eGFR <30 AVOID completely								
Surgical LIA	Follow dedicated Hip or Knee (TKR & UKR) LIA protocol. Confirm option for LIA prior to drawing up local anaesthetic for surgical infiltration									
*Post-op	Build up energy drink for all patients in PACU POC bloods same day, formal if necessary PACU/Rescue: fentanyl prn and, as per dosing regime Step 1: paracetamol 1g QDS (500 mg if <50 kg) Step 2: Codeine-Based Analgesia Patients <75 years Codeine 30-60 mg Patients ≥75 years Codeine 15-30 mg Key points: - Start at a lower dose, especially in older patients - Titrate according to response and tolerability Step 3: PRN Oral Morphine (2-Hourly) <table><tr><th>Age Group (years)</th><th>Oral Morphine Dose prn</th></tr><tr><td><70</td><td>10-15 mg</td></tr><tr><td>70-79</td><td>5-10 mg</td></tr><tr><td>≥80</td><td>2-5 mg</td></tr></table> Consider immediate-release oxycodone PRN if: - eGFR <50 mL/min, or - Oral morphine is not tolerated. If Codeine Is Not Tolerated Consider one of the following alternatives: - Tramadol (use with caution in patients >75 years) - Dihydrocodeine - Co-dydramol Step 4: Ondansetron 4mg po tds (6 doses) Macrogols 1 sachet po bd 10/7 Senna prn		Age Group (years)	Oral Morphine Dose prn	<70	10-15 mg	70-79	5-10 mg	≥80	2-5 mg
Age Group (years)	Oral Morphine Dose prn									
<70	10-15 mg									
70-79	5-10 mg									
≥80	2-5 mg									
*TTAs	Patients will continue with the analgesic regime established as an in-patient									

Version Control Record

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Version Control Sheet

Version	Date	Guideline Lead(s)	Status	Comment
1.0	November 2022	Anaesthetic Consultant Orthopaedic Consultant	Final	
2.0	October 2024	Anaesthetic Consultant Orthopaedic Consultant	Final	Scheduled review Ratified at: Orthopaedic Clinical Governance 01/11/2022 and Anaesthetic CG (July 2024).
3.0	August 2026	Anaesthetic Consultant	Final	Anaesthetic Clinical Governance 22/07/2026 Drugs and Therapeutics Committee 12/08/2026

Related Documents

Document Type	Document Name
GIRFT	Local Anaesthesia for Total Hip Replacement
GIRFT	Local Anaesthesia for Uni/Total Knee Replacement
GIRFT	TTA Prescription for Joint Arthroplasty Patients

