



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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Anesthesia Frequently Asked Questions

Hip or Knee Replacement

What should I do the morning of surgery?

- Medication: only take the medication that the nurses ask you to prior to your surgery appointment. You should have a list of what to take and not take on the day of surgery. Do not take any Tylenol/Acetaminophen on the day of surgery. We will provide that for you for post-operative pain control
- Food: do not eat anything after midnight before the day of surgery
- Beverages: we encourage you to drink clear liquids up to 4 hours before surgery (water, black coffee, black tea, Gatorade, or juices). Do not drink liquids that contain cream, fat, or pulp.

What type of anesthesia will I get?

You will get a custom anesthetic from your anesthesiologist on the day of surgery. The vast majority of patients will get a spinal for surgery. There are certain circumstances where a spinal is contraindicated.

What is spinal anesthesia?

A spinal is an anesthetic technique to eliminate pain during a hip or knee replacement. It consists of an injection of medication into the spinal canal that will temporarily numb the nerves going to your lower body

Is a spinal safe?

Spinals are very safe. Over the years at Michigan Medicine the orthopaedic and anesthesia teams have worked very closely in providing the best care for their hip and knee patients. We have found, and many studies also show, that spinals provide the best outcomes for patients for hip or knee replacements. Not only do you get the best pain control post operatively, you will avoid a general anesthetic and minimize post-operative complications such as a blood clot in your legs.

Risks of a spinal:

- Infection at the injection site: we clean off your back like with an antiseptic solution and wear sterile gloves like the surgeons do to minimize risk of infection.

continued on back

- Bleeding: very small risks of bleeding in the area of your spine. If you are on blood thinning medications, we make sure they have been out of your system before performing a spinal anesthetic.
- Spinal headache: less than 1% of patients get a spinal headache. A spinal headache is a headache you get when standing up but goes away when lying flat. These last about a week and go away on their own. However, physical therapy is important and they may become unbearable. If it is unbearable, call your surgeon and they will contact us to help you fix it.
- Permanent nerve damage: very rare, less than 3/20,000. Nerve damage when it does occur is usually numbness or tingling in a small area. Even more rare is nerve damage that affects the muscles.

I am on a blood thinner, can I still get a spinal?

Yes, however it must be stopped prior to surgery. Patients are on blood thinners for various reasons. It is important to speak with your prescriber for your blood thinner about if and how you can stop your blood thinning medications prior to surgery. Be sure to tell them that you will likely have a spinal for surgery, and they will stop your medication appropriately for surgery.

I am worried about getting a spinal, what should I expect for the procedure?

Before going back to the operating room, you may be offered medication to control your anxiety. This medication helps you stay calm during the procedure and helps you forget that it ever happened.

Once you are in the operating room, you will move from the hospital bed to the operating bed. You will sit on it like a park bench with your legs dangling over the side. The anesthesia team will hook up your monitors. Then a final safety verification will be conducted to ensure you are the patient in the room getting the correct procedure on the correct side.

The anesthesia team will then clean off your back with a cold cleaning sterile solution. The next step is to numb your back before doing the procedure.

As the spinal needle is in your back, most people do not feel anything. However, some people can feel a zing down one leg that is temporary. That will let us know we are close, but it will go away.

Once we are in the right spot, it is very important to hold still while we inject the medication. Once the medication is in, we will have you lie on your back until the medication starts to work.

We will test to see how the medication is working to ensure you are numb. Once we are satisfied that it is working, we will start sedation medication to keep you comfortable during the entire surgical portion of your hip or knee replacement.

Will I be awake during the surgery?

You will be sedated during the surgery. You will be breathing on your own. Most people “nap” during the procedure, but it is possible, at times, to be aware of what is going on. The vast majority of people do not remember anything during this portion. It will be like taking a nap. You may be awoken to loud sounds or vibrations, but you will fall back asleep and likely not remember that you briefly woke up. With the spinal working, you will not feel any pain.

What if the spinal does not work?

We will not let the surgeons start until we know the spinal is working. If it is not working appropriately, Plan B will always be a general anesthetic. A general anesthetic is where you go completely off to sleep with a breathing device and we breath for you with our anesthesia machine.