Regional Anesthesia for Hip Replacement Surgery
Common Questions and Our Answers

This handout explains to most common anesthesia used for hip replacement surgery.

What type of anesthesia will I have?
Hip replacement surgery is often done under regional anesthesia. If for some reason, this is not the best option for you, you will have general anesthesia. When you have general anesthesia you will be fully asleep and have a breathing tube. At the end of surgery, we will take the breathing tube out and wake you up. On the day of surgery, your anesthesia doctor will talk with you about the pros and cons of both types. Together you will make the best plan for you.

What is regional anesthesia?
This type of anesthesia uses a shot of medicine to numb part of your body. This is called a combined spinal epidural (CSE). The medicine goes into the fluid that is around your spinal cord through a small catheter (tube). This tube is used to send numbing medicines (local anesthetics) close to the nerves. They work in the same way as numbing medicines that are used at the dentist, except it numbs nerves where the surgery will occur. You will become fully numb below the waist from the single shot of numbing medicine, or spinal, for 2 to 4 hours. The epidural can be used in the operating room (OR) if more numbing medicine is needed.

What is the process?
The catheter is put in while you sit up or lay on your side. You may get medicine to help you relax when it is being placed. The process is:
1. Your back is cleaned with germ-free soap.
2. A numbing medicine is placed in your skin where the needle will go.
3. The needle is gently pushed into your back and the small, plastic catheter is placed (this catheter is about the width of a guitar string). You should feel very little pain during this.
4. The needle is taken out and the plastic catheter is taped in place.
You may be sedated while the CSE is put in.

If I get a CSE, will I still be asleep for surgery?
Usually with a CSE you be sedated during surgery. You should not feel any pain because you will be numb from the CSE. Most patients remember very little with sedation. They wake up faster and feel less groggy vs. general anesthesia.

When can I get a CSE?
On the day of surgery, after you check into First Day Surgery, an anesthesia doctor will talk with you about your anesthesia plan and possible CSE.
What are the risks CSEs?
Although very safe, there is a small risk of problems.

- **Common risks include:**
  - Shivering
  - Itchy Skin
  - Back Tenderness

- **Other risks include:**
  - A drop in blood pressure (easy to fix but needs to be watched closely).
  - Numbness to one side of your body
  - One side of your body not working at all
  - A “spinal” headache (1 out of 100 patients). This type of headache gets worse when you sit up and better when lying flat. These headaches can be severe, but are treatable and have no long-term side effects
  - Infection or bleeding around the spinal cord (rare)
  - Nerve injuries (rare)
  - The epidural can be placed into blood vessel (rare) which can have serious effects on heart rate and breathing

Who should not get CSEs?
- Patients with bleeding problems
- Patients with severe infections
- Patients with prior back surgeries may have a harder time getting a CSE. This warrant a talk with the anesthesia doctor. (If you have had major back surgery, it may be helpful to have prior x-rays or surgical records for the doctor to look at)

On the day of your surgery you and your anesthesia doctor will talk about whether or not a CSE is right for you.