



## Is it going to hurt?

The answer to this question is usually yes. There are not many patients who undergo a total knee replacement and report it not being painful for a period of time. The important thing to understand is that the pain can certainly be managed and Dr Roe, the anaesthetic team and nursing staff at the Mater Private Hospital are very experienced in managing the postoperative pain following a total knee replacement.

The best way to treat postoperative pain starts with preoperative education. Reading this outline can certainly start the process of the preoperative education in an attempt to manage the postoperative pain successfully. Depending on the type of anaesthetic you have, following waking up from the surgery, you will start to experience some pain. It is best that the prescribed medications are started sooner rather than later. It must be understood that the postoperative medications will not take all the pain away but they will help you manage the pain enough to allow you to start a rapid recovery program that has been shown to be beneficial in the outcome of your total knee replacement surgery.

You can expect to take 12-15 tablets a day in the first week following your total knee replacement surgery. These medications consist of simple paracetamol based analgesics, long acting narcotic analgesics which are taken in the morning and night, short acting narcotic analgesics which are taken throughout the day and night as required, anti-inflammatory medications that are usually taken 1 a day, and anticoagulant medications to help the prevention of deep vein thrombosis. You will also be administered antibiotics through an intravenous line in the first 24-48 hours following the surgery.

The benefits of postoperative pain killers are that they, obviously, take the pain away. The downsides or, side effects, of these pain killers are the occurrence of well documented nausea, vomiting, constipation, and potential hallucinations or a loss of normal sensorium. These side effects are not “allergic reactions”, but can often be a reason, if not tolerated, to stop and find alternative analgesic medications.

In the setting of side effects that are not tolerated, alternatives can be tried. This is often a “trial and error” situation, during which a period of 24-48 hours of new medications will be tried to see if the side effects are reduced and the benefits of pain relief are obtained.

Pain can be managed through physical measures as well. Ice packs are an important part of relieving pain and these are used sparingly on the ward at the Mater Private Hospital and certainly are recommended once patients are discharged for the first 6-12 weeks. Elevation of the leg and active calf pumping exercises are also recommended for pain relief.

As the time from surgery into recovery progresses, your analgesic requirements will reduce. This allows a reduction in a number of medications that you will need to take. A general principle is that pain medication should be re-evaluated every 2 weeks and usually by the 6 week mark a gradual or sudden cessation of medications can occur from that point in time. Following that period, intermittent analgesic medications can be used as required before or after physiotherapy sessions or exercising. Medications to help you get through the night are sometimes required still at this point in time.

Night pain is a phenomenon that is sometimes experienced in the first few months following a total knee replacement. It is difficult to predict which patients will get night pain. Anecdotal evidence reports that patients who had night pain prior to the surgery will probably get a better relief of their night pain following the surgery than those who haven't experienced a lot of night pain before the surgery.