

## **Anesthesia for ACL Surgery**

Your wishes and those of your surgeon are important in choosing the type of anesthesia and pain relief you will receive. Your medical condition will also affect the choice.

### **Anesthesia for Surgery**

#### **What are the types of anesthesia for this procedure?**

The two types of anesthesia used in ACL surgery are general and regional. Your anesthesiologist, after talking to you and your surgeon, will decide the best type of anesthesia for you. All your options will be discussed on the day of surgery.

- With **general anesthesia**, you will become unconscious with intravenous medicine. Then, a breathing tube will be placed. You will wake up at the end of surgery. The tube will be removed.
- With **regional anesthesia**, spinal and epidural blocks are used. Numbing medicine is placed in your back to stop the feeling in your legs for 2-3 hours. You will also receive sedation so you are very comfortable. Most people don't remember their surgery at all. Some do remember some of it.

#### **If I receive regional anesthesia, does that mean I am awake during the surgery?**

You may remain awake or you may be given a sedative. You do not see or feel the actual surgery take place. Your anesthesiologist will discuss the proper amount of sedation for you. Sedation can be light, moderate, or deep.

#### **How is the epidural or spinal block done?**

- A spinal or epidural block is given in the back.
- You will either be sitting up or lying on your side. Before the block is done, your skin will be cleaned with bacteria-killing soap. The anesthesiologist will use numbing medicine in that place in your back. That may burn a little bit. After that, you shouldn't feel much at all.

- A very small needle is used to place either an anesthetic (in the case of a spinal) or a small plastic tube (in case of an epidural). The needle is removed after the anesthetic or catheter is in place.
- The medicine bathes the nerves and blocks pain. After the spinal or epidural block, you will most often feel numbness. You may notice that your legs will become weak to the point where you may not be able to move them. This is normal.

### **What are the benefits and drawbacks of general anesthesia?**

- You will be unconscious during surgery. We will place a breathing tube so we can breathe for you.
- The biggest benefit to most people is that they are 100% sure they won't remember anything.
- The biggest drawback is that it can result in nausea and sleepiness after surgery.

### **What are the benefits and drawbacks of regional anesthesia?**

- With this type of anesthesia it is likely that you won't remember much (if you don't want to), but you will not be unconscious.
- You are more likely to eat sooner and have less nausea.
- There is a slight risk of a bad headache after the block.

Either type of anesthesia will be fine for most people. Your anesthesiologist will discuss your health issues that make one or the other type better for you. Both types are done quite often. In most patients, both types are equally safe and effective. The risk of any severe complication (heart issues, respiratory problems, death, and paralysis) is about equal for both types of anesthesia.

## **Options for Pain Relief**

### **What are the choices for pain relief after surgery?**

- **IV or oral pain medicines** are injected into a vein or taken by mouth to help dull your pain. They may not get rid of the pain totally. These medicines are most often prescribed by your surgeon and used in the recovery room.
- **Femoral nerve blocks** are single injection blocks or continuous nerve blocks. They can be used to reduce the pain after surgery. Local anesthetics and other drugs are used for these blocks to reduce pain from the femoral nerve. The femoral nerve provides feeling to most of the front of the knee and a large part of the knee joint. These blocks most often last 15 hours. When a nerve catheter is used, the block lasts for as long as the catheter is in place.

## How is a femoral nerve block done?

- Before we do the block you will be sedated.
- The anesthesiologist will numb the skin where the nerve block will be done. A special needle or catheter is placed near the femoral nerve. This nerve is in your groin.
- Local anesthetic is used to bathe the nerves and block out pain.
- You may want this type of pain control for more than 15 hours after surgery. If so, your anesthesiologist will place a catheter to allow the constant flow of pain medicines.
- After the catheter is removed, feeling in your thigh will return to normal. Most often this will happen within a few hours.
- The femoral nerve provides feeling over the front of your thigh. It also provides function to the muscles in the front of your thigh. This part of your thigh will be numb. Those muscles will be weak while the nerve block is working.

## What are the benefits of a femoral block for pain control?

- We use femoral nerve blocks for nearly all of the patients having ACL surgery. We believe it decreases the amount of pain you have and the amount of oral pain medicine you use. Oral pain medicine (narcotics) often leads to sleepiness and nausea, so we try to limit their use by using nerve blocks.
- The benefit of placing a catheter next to the nerves is that it extends the length of the block.
- While femoral nerve blocks decrease pain in the front of the knee, they do not work as well for the back of the knee. This means that patients having ACL reconstruction with hamstring grafts may have pain in the back of the thigh and knee despite the nerve block.

## What are the risks of a femoral block?

- Complications or side effects can occur. You will be watched carefully. Your anesthesiologist will take special measures to avoid them.
- Nerve injury after a regional block is rare. It can occur in up to 1 in 4,000 blocks to 1 in 200,000 blocks based on the type of block.
- It can be related to direct needle injury of the nerve. It can also be due to secondary complications like bleeding or infection.
- To prevent nerve injury, please tell your anesthesiologist if you have any sharp or radiating pain during needle placement or injection.
- If you have any new symptoms like tingling, numbness, or motor dysfunction after a nerve block has already worn off, you should call us.
- Because your thigh is weak from the block, you are at risk for falling while this nerve block is working. **YOU MUST WEAR YOUR KNEE IMMOBILIZER (LOCKED INTO POSITION) ANY TIME YOU ARE GOING TO WALK WHILE THE BLOCK IS BEING USED.**
- **You also should have help walking for as long as this block is used.**

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright 4/2015. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7162.