

Anesthesia for ACL Surgery

Types of Anesthesia

The two types of anesthesia used in ACL surgery are general and regional. Your options will be discussed with you on the day of surgery.

- **General:** 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.
- **Regional:** Spinal and epidural blocks are used. We put medicine in your back that will stop the feeling in your legs for 2-3 hours. We will also give you medicine to help you relax. Most people do not remember their surgery, but there is chance you could.

If I have regional, will I be awake for surgery?

You can either be awake or we can give you medicine to help relax. You do not see or feel the surgery take place. Your anesthesia doctor will help decide the right level of sedation for you. Sedation can be light, moderate, or deep.

How is the epidural or spinal block done?

These types of blocks are given in your back. You will be asked to sit up or lay on your side for this. The process is:

1. We clean your back with soap to kill germs.
2. We will numb your skin where the needle will go. (This may sting, but after that you should not feel much at all).

3. We insert the needle into your back and use it to place either numbing medicine (in the case of a spinal) or a small plastic tube (in the case of an epidural). Then we take out the needle.
4. The medicine goes to your nerves and blocks pain. You should feel numb. You may not be able to move your legs. This is normal.

What are the pros and cons of general?

Pro: You will be fully asleep for surgery and have a breathing tube. Most people do not remember anything. **Con:** You may feel nauseous and sleepy when you wake up.

What are the pros and cons of regional?

Pro: You should not remember much or likely anything at all, but you will not be fully asleep. You are more likely to eat sooner and have less nausea. You may also have less pain and need fewer pain medicines. **Con:** There is a small risk of a bad headache after the block.

Your anesthesia doctor will discuss your health issues that make one or the other type better for you. Both are done often and for most patients are safe and effective. The risk of any big problems (heart issues, trouble breathing, death, and paralysis) are about equal for both types.

Other Options for Pain Relief

IV (given in a vein) or oral pain medicines help dull your pain. They will not fully get rid of the pain. These are often used in the recovery room.

Femoral nerve blocks can be given as a single shot or nonstop through a catheter. They are used to help decrease pain after surgery. Local anesthetics and other medicines are used to reduce pain from these blocks. The femoral nerve (in your groin) supplies feeling to the front of the knee and the knee joint. A single shot lasts for 12-24 hours. If a catheter is left in place, the block works as long as the catheter remains and the pump is working.

How is a femoral nerve block done?

Before the block is started you may get medicine to help you relax/sleep.

- A medicine is often used to numb your skin where the needle will go. (This may sting, but after that you should not feel much at all).
- A special needle or catheter is placed near the femoral nerve.
- Local anesthetic is used to decrease the amount of pain in the front of the knee.
- Your thigh/leg will be numb and your leg muscles will be weak while the nerve block is working.
- After the catheter is taken out, feeling in your thigh should go back to normal within a few hours.

What are the pros of a femoral block?

These nerve blocks are used for many patients having ACL surgery. We feel it lessens your pain and the amount of oral pain medicine you use. Oral pain medicine (opioids) can make you feel sleepy, nauseated, and constipated, so we try to limit their use by using nerve blocks.

Placing a catheter next to the nerves helps the block last longer. While femoral nerve blocks decrease pain in the front of the knee, they do not work for the back of the knee. This means that patients having ACL surgery with hamstring grafts will have pain in the back of the thigh and knee despite the nerve block.

What are the risks of a femoral block?

Your anesthesia doctor works hard to avoid risks which include:

- **Nerve injury** (rare). It can be caused by the needle hitting the nerve, bleeding or infection. To prevent this, please tell your anesthesia doctor if you have any sharp or radiating pain when the needle is being placed or when you get the medicine.
- **New tingling, numbness, or lack of motor skills** after a nerve block has worn off. If this occurs, you should call us.
- **Falls**. This is due to your legs being weak from the block. You must wear your knee immobilizer (locked into position) any time you walk while the block is working. **You will need 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 8/2019. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7162.