July 14th, 2017

Todd Edmiston, MD

Disclosures

- None
- Fellowship training in Sports and Adult Reconstruction
- Director of Orthopaedic Center, South Baldwin Regional Medical Center, Foley Alabama
- Chief of Staff, South Baldwin Regional Medical Center, Foley Alabama

Multi-Modal

adjective

adjective: multi-modal

1 characterized by several different modes of activity or occurrence.

Goal

Prevent Pain

Keep the patient comfortable

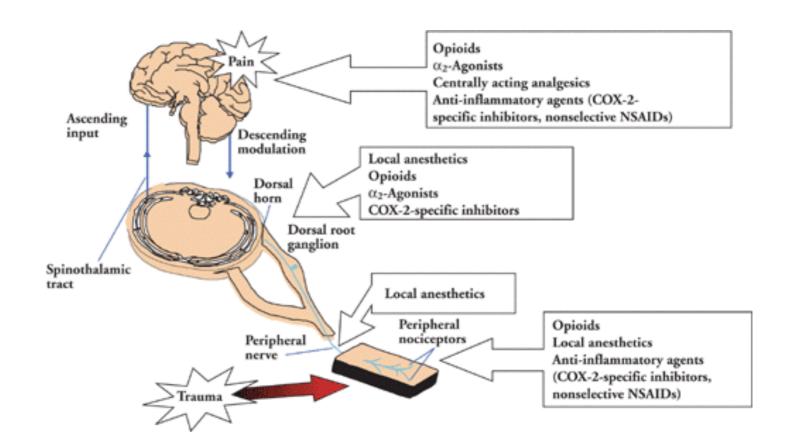
Goal

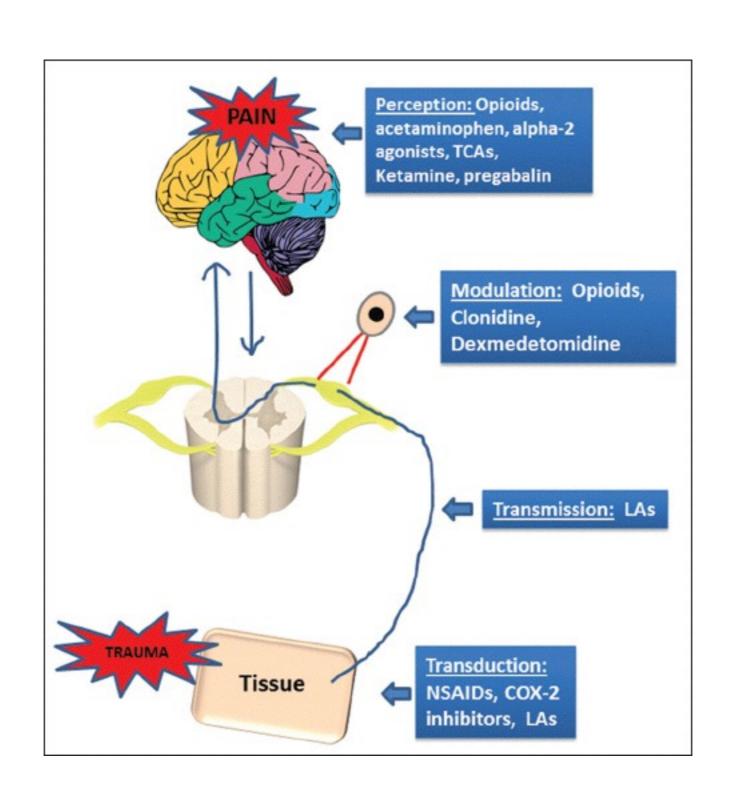
- Prevent Complications (of Opiates)
 - Urinary Retention
 - Ileus
 - Respiratory Depression
 - Nausea/Vomiting

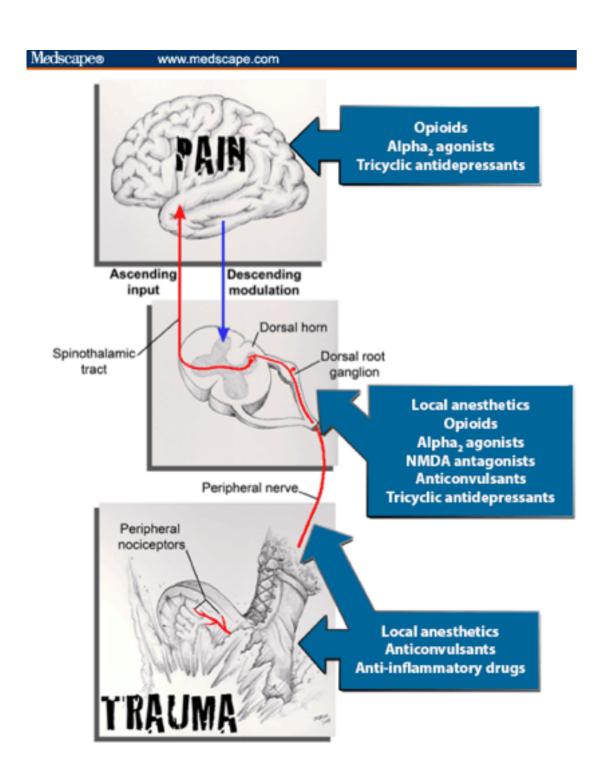


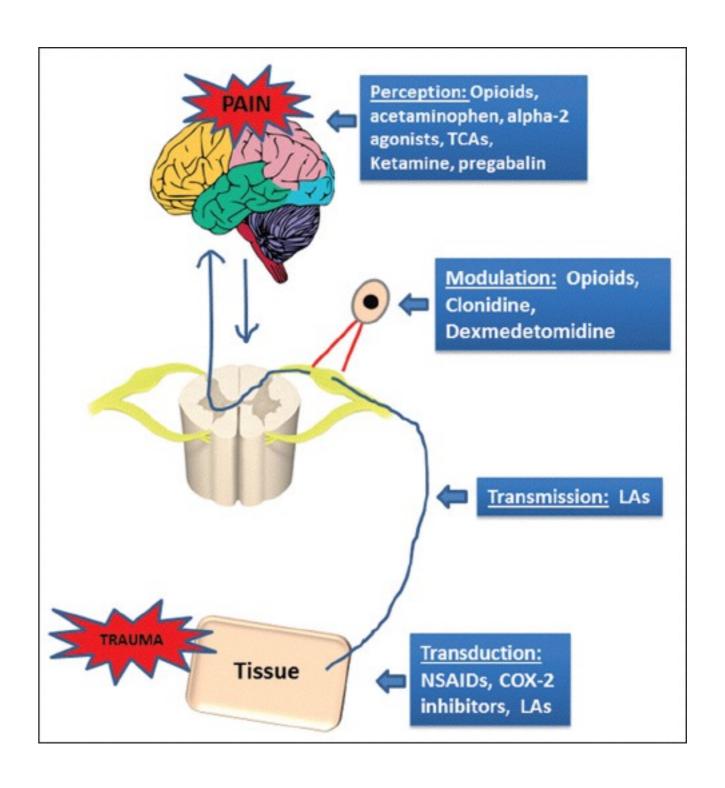
Definition:

 Combination of 2 or more analgesic agents or techniques that act by different mechanisms



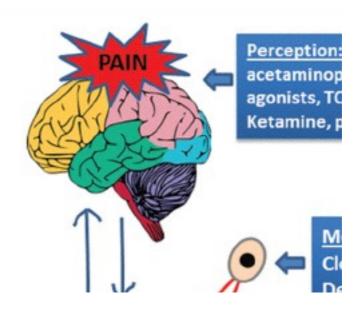






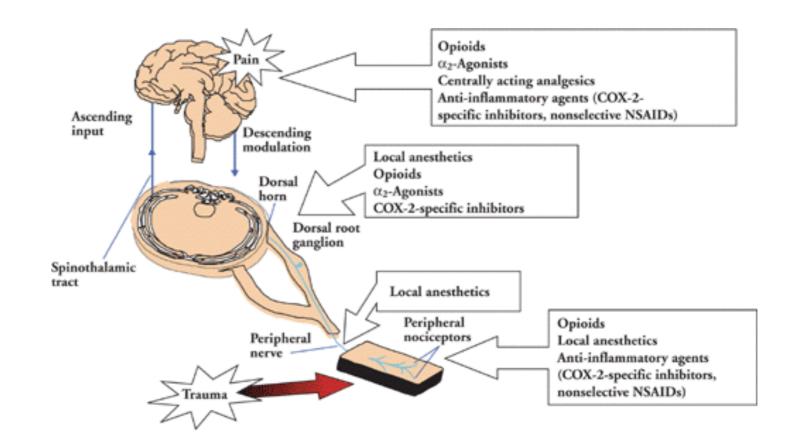
- · Pre-Op
- "Pain Management and Best Outcomes Begin with Pre-Op Planning" TBE
- Brain, Cortex
 - Education, Setting Expectations

- Pre-Load
 - Celebrex (Cox2) 200-400mg PO
 - Oxycontin 10-20mg PO
 - Acetaminophen 500mg PO
 - Reglan 10mg IV



· Intra-Op

- Spinal Anesthetic
- Epidural Injection

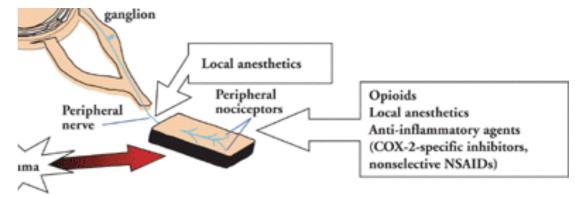


- Cox2
 - Blocks Transmission

· Intra-Op

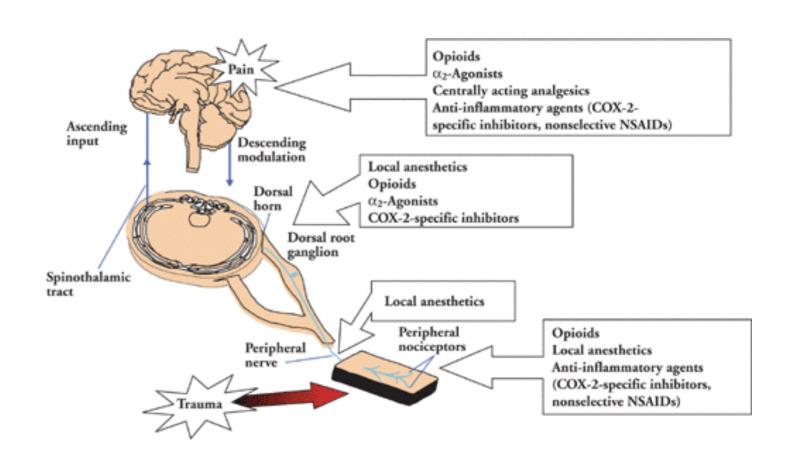
- Inflammatory Cells
- Sensory Neurons
- Peri-Articular Injection (PAI)
 - Cocktail
 - Ropivicaine
 - Morphine
 - Toradol
 - Epinephrine





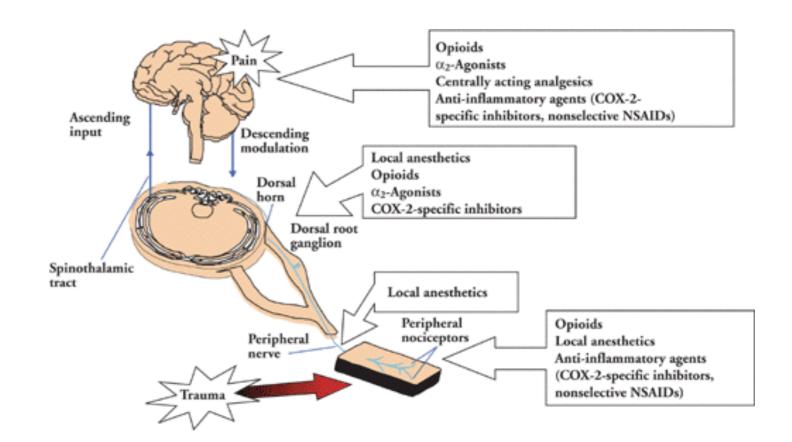
- Post-Op Recovery Room
 - Peripheral Nerve Block
 - Adductor Canal

- ICE
- Toradol
- Opioid IV or PO
- DVT Prophy



Post-Op Floor

- ICE
- Toradol
- Opioid PO
- Opioid IV
- DVT Prophy
- Therapy



Post-Op Cryotherapy

- Cryotherapy
- Compression

- KISS
 - Easy
 - Cost Effective
 - Good Result





- History of Pain Management during Total Knee Arthroplasty
 - 1980s IV Opiates
 - 1990s IV Opiates and PCA pump
 - Urinary Retention
 - Ileus
 - Respiratory Depression
 - · Nausea/Vomiting



- History of Pain Management during Total Knee Arthroplasty
 - 1980s IV Opiates
 - 1990s IV Opiates and PCA pump
 - 2000s Multi-Modal Pain Management
 - Peripheral Nerve Block

- 2000s Multi-Modal Pain Management
 - Peripheral Nerve Block
- IV & PO Opioid vs MMPN with PNB Hebl JR et al, Reg Anesth & Pain Med 33, 2008
 - Femoral Nerve Blocks and Sciatic Nerve Blocks
 - Reduced Opioid Requirements
 - Lower Pain Scores
 - Faster Time to Discharge

- History of Pain Management during Total Knee Arthroplasty
 - 1980s IV Opiates
 - 1990s IV Opiates and PCA pump
 - 2000s MMPM with Peripheral Nerve Block
 - 2010s MMPM with Peri-Articular Injection

- 2010s MMPM with Peri-Articular Injection
- Total Knee Arthroplasty with MMPM and PAI
 Gibbs et al, JBJS 94B, 2012
 - Literature Review
 - Lower Pain Scores
 - Reduced Narcotic Requirements
 - No change in Length of Stay

Spanghel, Clarke et al, CORR, 2015

- Prospective Randomized Trial Comparing PNB and PAI for pain management following Total Knee Arthroplasty.
 - Same surgery technique, Same implant, Same post op medications
 - PNB Femoral NB and Sciatic NB
 - PAI Ropivicaine, Morphine, Ketorolac (120ml)
 - Pain Scores Equal in both groups
 - Length of Stay was 1/2 day shorter in PAI group

Spanghel, Clarke et al, CORR, 2015

- Prospective Randomized Trial Comparing PNB and PAI for pain management following Total Knee Arthroplasty.
 - Length of Stay was 1/2 day shorter in PAI group
 - Earlier mobilization in PAI group

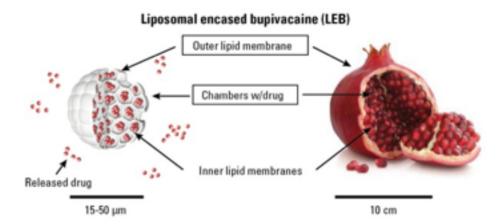
PNB group had 12% nerve injury rate at 6 weeks f/u

Spanghel, Clarke et al, CORR, 2015

- Prospective Randomized Trial Comparing PNB and PAI for pain management following Total Knee Arthroplasty.
 - No statistical difference in complication rate
 - 3 Falls in PNB group
 - 0 Falls in PAI group

- Bupivicaine
 - Long acting local anesthetic
 - Half-Life = 3.5 hrs
 - Effects typically last up to 9 hrs

Liposomal Bupivicaine



- Up to 72 hours of pain relief
- Does not disperse into the soft tissues as well
- Limited data to show superiority

- Dosing Study Comparing Liposomal Bupivicaine vs
 Bupivicaine HCl Bramlett et al, The Knee, 2012
- Liposomal Bup 133mg, 266mg, 399mg, 532mg
- Standard Bup 150mg

- Only the 532mg of Liposomal showed a superior effect over 150mg Standard
 - 4x the dose

Meneghini et al, J Arthroplasty, 2014

- PAI Study with single variable = Liposomal Bupivicaine
 - 2 Groups each with PAI cocktail
 - Substituted Liposomal Bupivicaine with regular Bupivicaine in the Traditional PAI cocktail
- First 24 hrs = No Statistical Difference in Pain Scores
- After 24 hrs = Better pain scores in the regular cocktail group
 - Liposomal Bupivicaine had inferior pain management after 24 hours

 PAI Study comparing Liposomal Bupivicaine with the traditional cocktail
 Shroer et al, J Arthroplasty, 2015

- No Difference in Narcotic Usage
- No Benefit to use of Liposomal
 - Liposomal Bupivicaine ~\$300
 - Standard Bupivicaine ~\$5

Collis et al, J Arthroplasty, 2016

- PAI Study comparing Liposomal Bupivicaine with the Ranawat cocktail
 - Dr. Ranawat's cocktail is same as described with addition of Clonidine.
 - No Difference in Narcotic Usage

Meneghini et al, J Knee Surg, 2016

- Is PAI Technique dependant?
 - Several different injection techniques compared
 - Infiltrate the tissues
 - Avoid filling the joint
 - No Difference in outcome

Peri-Articular Multi-Modal Drug Injections

Martin Roche, 2015

 PA Injections offer better pain control over PCA alone or Epidural alone.

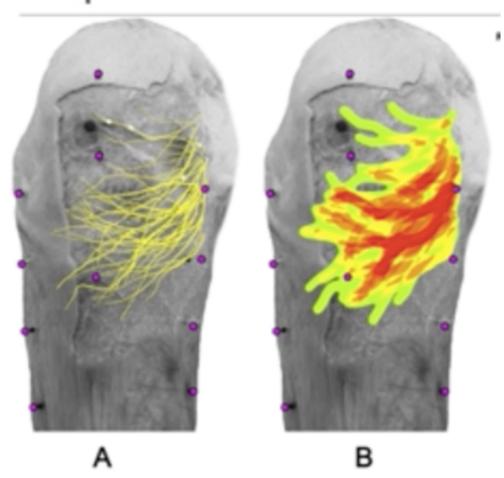
Cocktail:

- Bupivicaine or Ropivicaine
- Morphine 5-10mg
- Ketorolac 30mg
- Volume increased with NS up to 60-120ml

Technique

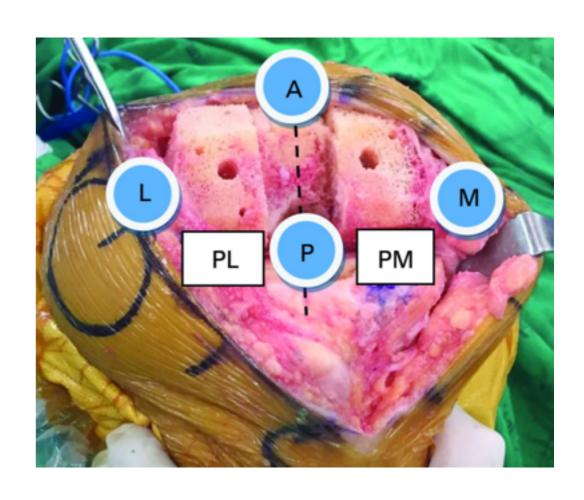
- Peri-Articular Injections
 - Multiple Branches
 - Multiple Injections
 - Liposomal Bupivicaine
 - Decreased Dispersement

Saphenous Nerve



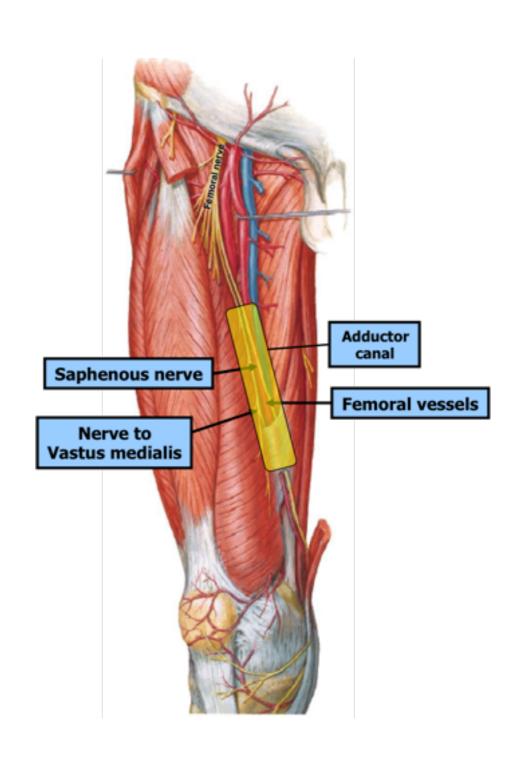
Technique

- Peri-Articular Injections
 - 60cc -120cc
 - Infiltrate into the tissues
 - Subperiosteal tissue
 - Posterior
 - Subcutaneous



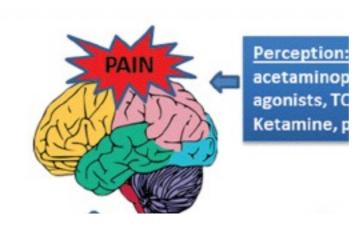
Technique

- Adductor Canal Injections
- Peripheral Nerve Block
 - 30cc
 - 0.5% Bupivicaine
 - Infiltrate into the canal
 - Block sensory not motor fibers



My Protocol

- Pre-Op
 - Education & Expectations
- Intra-Op
 - PAI
- Recovery Room
 - Lite Adductor Block (sensory)
- Floor
 - Cryotherapy
 - Compression
 - Elevation
 - Early Mobilization w Therapy
 - PO and IV Opioids



Post-Op Cryotherapy

- Cryotherapy
- Compression

- KISS
 - Easy
 - Cost Effective
 - Good Result





Post-Op Elevation

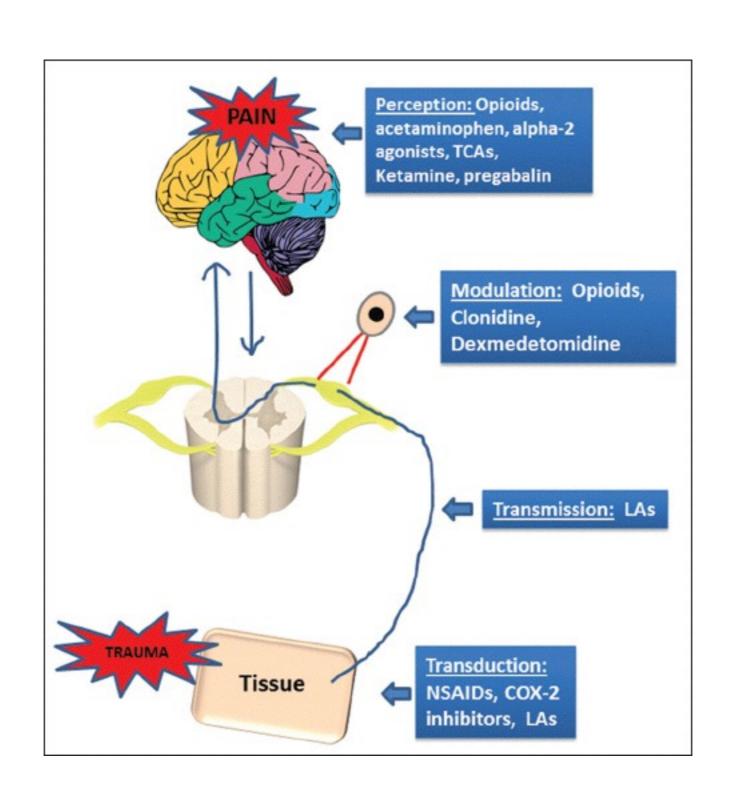
- Knee Extension Pillow
- KISS
 - Easy
 - Cost Effective
 - Good Result

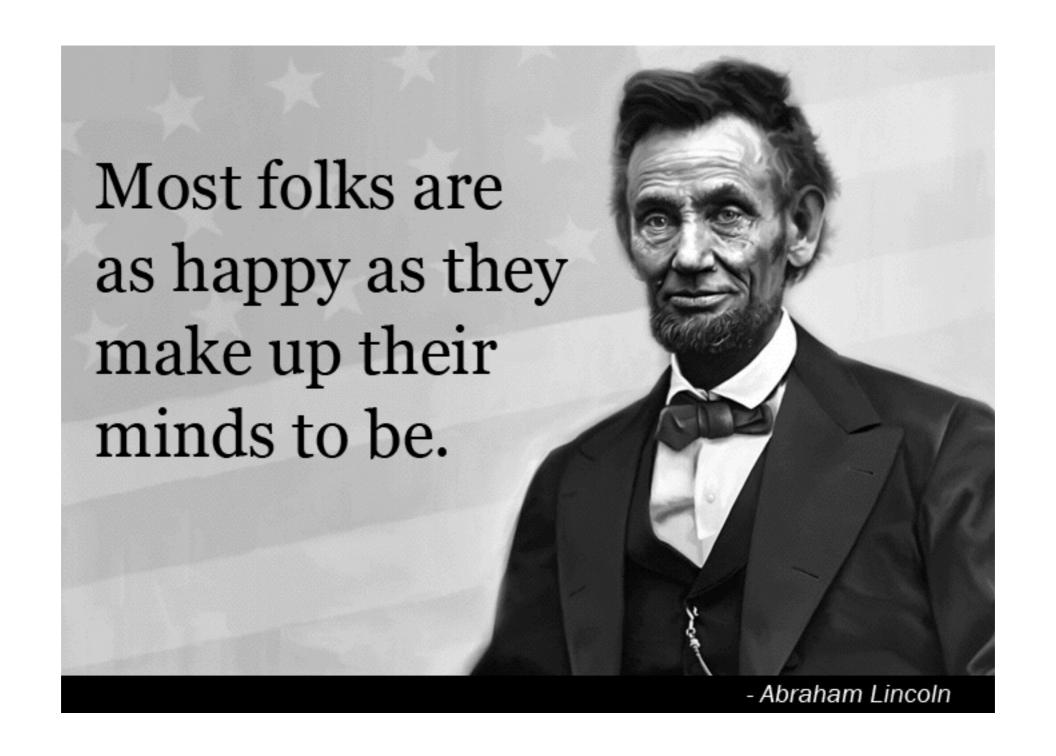
• No CPMs!



Post-Op Mobilization

- Early and Often!!
 - Up on Day of Surgery
 - Therapy BID
- Standardized Protocols and Order sets
 - Decrease Variability
- Close Coordination with Hospital staff
 - Therapy unit on the ward. M|S





Thank You