Epidural analgesia was superior to placebo and systemic infusion.

Evidence-Based Medicine8

THA: total hip arthroplasty; VAS: visual analogue score; PONV: postoperative nausea and vomiting.

A random effects model was used; cTHA-specific, transferable and clinical relevant.

Intra-operative pain control

Postoperative pain control

In clinical practice, epidural analgesia is associated with a risk of urinary retention and neurological impairment. Therefore, patients should be assessed for the method of pain relief on an individual basis.

Spinal analgesia

Combining strong spinal with LA was superior to LA alone for reducing postoperative VAS scores, supplementary analgesic use, and the incidence of nausea and vomiting. This is the first time to first analgesic request (THA-specific evidence).

Femoral/lumbar plexus block

Furthermore, lumbar plexus block was superior to placebo for reducing postoperative pain scores and supplementary analgesic use (THA-specific evidence).

Femoral block significantly reduced the time to first analgesic request (THA-specific evidence).

Single shot or continuous peripheral nerve block was significantly more effective than placebo for reducing the requirement for supplementary analgesia (translational evidence).

In this review, postoperative pain following total hip arthroplasty is not recommended due to safety concerns.

Continuation of epidural analgesia

The use of epidural analgesia following general anaesthesia is recommended over systemic opioids. This is because of the analgesic benefits of epidural clonidine, which is a high-intensity NSAID or COX-2 selective inhibitor.

In general, this type of recommendation is based on the relative adverse events profiles of different regional techniques, PROSPECT recommends lumbar plexus blockade over epidural or spinal analgesia.

Therefore, patients should be assessed for this method of pain relief (grade G).

In patients undergoing neurexial analgesia

Combining strong opioid with LA was superior to LA alone for reducing postoperative pain scores (THA-specific evidence). In general, this type of recommendation is based on the relative adverse events profiles of different regional techniques, PROSPECT recommends lumbar plexus blockade over epidural or spinal analgesia.

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Proper preoperative assessment of patients is required for managing postoperative pain.

High-intensity NSAIDs or COX-2 selective inhibitors are recommended for the management of high-intensity pain.

Therefore, patients should be assessed for this method of pain relief (grade G).

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