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A prospective study evaluating the new local infiltration analgesia protocol for fast-track primary total knee arthroplasty at UNN Tromsø

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Introduction

• Total knee arthroplasty (TKA) is a painful surgical procedure that requires careful management in order to balance patient comfort and early postoperative function (1).

• Local infiltration analgesia (LIA) provides effective postoperative analgesia in controlled studies (2).

• New LIA protocol for fast-track primary TKA implemented at UNN Tromsø January 2017.

• Objective of the master thesis: evaluate the new protocol, as well as postoperative pain, postoperative nausea and vomiting (PONV) and patient satisfaction following fast-track primary TKA at UNN Tromsø.
Materials and methods

- A prospective study was performed at UNN Tromsø running from 12 January 2017 until 20 June 2017.

- All patients who received fast-track primary TKA at UNN Tromsø during the study period were included.

- Data concerning adherence to the new protocol was collected from the electronical health record (DIPS Arena).

- Postoperative pain, PONV and patient satisfaction were assessed at seven points during the first 24 hours postoperative using a specific pain- and satisfaction form.
Results

- 28 patients were recruited to the study and included for analysis.
- Only three patients received premedication according to the new protocol and only nine patients received postoperative medication according to the new protocol.
- Most patients received too low dose of LIA according to the new protocol and timing of antibiotic prophylaxis was wrong in many of the patients.
- Median postoperative resting pain level (NRS) ranged 0-4 during the first 24 hours postoperative. A total of seven patients reported severe pain (NRS ≥ 7) at one or more of the seven assessments.
- The highest incidence of PONV was recorded in six patients at two separate assessments.
- Patient satisfaction was generally high, but four patients were unsatisfied with their patient journey.
Conclusion

• Adherence to the new protocol was low.

• Postoperative pain scores and PONV were acceptable but may be improved with increased adherence to the new protocol.

• Despite low adherence to the new protocol patient satisfaction was high.
References
