# Prescribing Guide: Analgesia for Major Joint Replacement Surgery (Hip and Knee Replacements)

**Pre-operatively (1-2 hours prior to anaesthesia):**
- Paracetamol 1g or 2g (see overleaf)
- Gabapentin 300mg or 600mg
- Consider Ibuprofen if no contraindications (see overleaf)

<table>
<thead>
<tr>
<th>Drug name and cautions [please see overleaf for further guidance]</th>
<th>Post-op (on ward)</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4 onwards</th>
<th>Discharge analgesia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Paracetamol</strong></td>
<td>1g QDS</td>
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<tr>
<td><strong>Ibuprofen [if no contraindications – see overleaf]</strong></td>
<td>400mg at 22:00</td>
<td>400mg TDS</td>
<td>400mg TDS</td>
<td>400mg – LAST dose at 08:00 then STOP</td>
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<tr>
<td><strong>Gabapentin [caution in renal failure – see overleaf]</strong></td>
<td>300mg or 600mg at 22:00</td>
<td>300mg or 600mg BD</td>
<td>300mg or 600mg BD</td>
<td>300mg or 600mg – LAST dose at 08:00 then STOP</td>
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<tr>
<td><strong>MST [caution in renal failure and the elderly – see overleaf]</strong></td>
<td>10mg or 20mg - FIRST dose at 22:00</td>
<td>10mg or 20mg BD</td>
<td>10mg or 20mg - LAST dose at 10:00 then STOP</td>
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<tr>
<td><strong>Weak opioid</strong></td>
<td>Dihydrocodeine 30mg QDS OR Tramadol 50-100mg QDS - FIRST dose at 18:00</td>
<td>Dihydrocodeine 30mg QDS OR Tramadol 50-100mg QDS</td>
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<tr>
<td><strong>PRN analgesia</strong></td>
<td>Oramorph 10-20mg PRN 2-hourly</td>
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<tr>
<td><strong>Anti-emetics</strong></td>
<td>As per Post-Operative Nausea and Vomiting Guidelines: First line – Ondansetron, Second line – Cyclizine, Third line – Prochlorperazine</td>
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</tbody>
</table>

This table is intended as a guide – when prescribing, please take individual patient factors into consideration – see overleaf. If possible, please document any variation from above and reason for variation as this is helpful for audit purposes.

Pain Team: Bleep 2688 (8am – 6pm Monday to Friday) or Bleep 3301 (on-call anaesthetist) out of hours
Notes and additional guidance

The table overleaf is intended as a guide – when prescribing, please take individual patient factors into consideration.

Please exercise caution in:
- Elderly patients – dose reductions or alternative drugs may be required – see below.
- Patients with renal impairment (eGFR <30) – dose reduction or alternative drugs may be required – see below.
- Patients with low BMI (<20) – dose reduction may be required.
- Patients with low body weight (<50kg) – dose reduction may be required.

Paracetamol loading dose:
Please see “Paracetamol oral loading” guideline on Intranet – up to 2g orally can be given pre-operatively according to weight if no other paracetamol has been given that day.

Gabapentin dosing:
Dose reduction in renal impairment:
eGFR >80 ml/minute – no dose reduction needed
eGFR 50-80 ml/minute – reduce dose to 300mg BD
eGFR 30-50 ml/minute – reduce dose to 100mg BD
eGFR < 30 ml/minute – do not prescribe gabapentin

Morphine dosing:
No exact guide or cut-off for dosing – please use clinical judgement based on weight, age and general health.
Consider lower dose of MST and oramorph in the elderly.
If eGFR <30, consider oxycodone as an alternative to morphine.

Oxycodone dosing:
Oxycodone can be considered as an alternative to morphine, e.g. in renal impairment. The dose is half that of morphine.
Oxycotin (modified release oxycodone) can be used instead of MST – the dose would be 5mg or 10mg BD for 4 doses.
Oxynorm (immediate release oxycodone) can be used instead of oramorph – the dose would be 5 to 10mg PRN 2-hourly.

Anti-emetics:
Please see “Post-operative nausea and vomiting” guideline on Intranet – PRN anti-emetics initially, but change to regular if required.