

Wall PDH, Sprowson AP, Parsons NR, et al. A pragmatic randomised controlled trial comparing the efficacy of a femoral nerve block and periarticular infiltration for early pain relief following total knee arthroplasty. *Bone Joint J* 2017;99-B:904-911.

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Authors' reply:

14 August 2017

Sir,

We thank Dr Seigne for his interest in our study.¹ Detailed below are our responses to his individual questions:

1. Can you provide definitions of the complications, in particular renal failure and opioid overdose? Both rates seem high.

Where there was documented evidence - blood tests or written in medical notes - of acute kidney injury (AKI) or morphine overdose, this was included in our outcome data set as an adverse event. The study design is pragmatic and therefore we did not impose any specific definition of an adverse event on the clinicians managing the patients. However, clinicians tend to define AKI in line with current National Health Service guidance² as follows: blood creatinine level has risen from the baseline value for that person (by 26 micromoles per litre or more within 48 hours); blood creatinine level has risen over time (by 50% or more within the past seven days); they are passing much less urine (less than 0.5 ml per kg per hour for more than six hours).

There were nine reports (3.4%) of acute kidney injury in our study which is roughly in line with the published literature, with reported rates up to nearly 10%.^{3,4}

2. Do the authors have the impression that their patients' wounds are more troublesome since the introduction of periarticular infiltration?

Our study found the following wound problems:

Femoral nerve block: Superficial wound infection (6); Deep wound infection (0); Leaking wound, no infection (0).

Periarticular infiltration: Superficial wound infection (9); Deep wound infection (1); Leaking wound, no infection (1).

These adverse events were not the primary focus of our study and many more patients would have been needed to determine if there were any real differences between the groups. However, based

upon our data, we found no evidence of a significant difference between these groups. We would welcome further studies to examine this more closely.

3. Do the authors have a view on mobilisation?

When safe, early mobilisation after knee arthroplasty surgery should be encouraged to help minimise the risks of venous thromboembolism and ensure timely rehabilitation. We do not have study data on patients' ability to mobilise on the day of surgery, however, our data do suggest that there is no significant difference in patients' ability to straight leg raise and transfer on the first and second post-operative day.

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1. **Wall PDH, Sprowson AP, Parsons NR, et al.** A pragmatic randomised controlled trial comparing the efficacy of a femoral nerve block and periarticular infiltration for early pain relief following total knee arthroplasty. *Bone Joint J* 2017;99-B:904-911.
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Conflict of Interest: None declared