

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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Sir,

I would like to congratulate the authors on this study¹ and look forward to reading their follow-up work about long-term outcomes, including chronic pain.

I have been involved in the introduction of an enhanced recovery programme, which includes local infiltration analgesia (LIA), for patients who have undergone total knee and hip arthroplasty, and was reassured to see that their functional outcome does not appear to be adversely affected.

However, the authors' reported rate of renal failure and opioid overdose are higher than I would have expected to see. Can the authors clarify how these were defined and comment on the rates?

The rate of superficial wound infection also stands out, although not statistically. We have an 8% rate of "wound problems" since LIA, despite using tranexamic acid. Most of these are minor, but they cause patients anxiety and often require additional dressings and/ or antibiotics in the community. Unfortunately, I do not have reliable data about the incidence of wound problems before the introduction of LIA. Do the authors have the impression that their patients' wounds are more troublesome since the introduction of periarticular infiltration?

In my unit, the use of LIA has allowed most patients to be mobilised on the day of surgery by a nurse, rather than on the first post-operative day by a physiotherapist (as occurred pre-LIA). Pre-LIA, the physiotherapists were not keen to mobilise elderly patients with a femoral nerve block: mobilisation was also hampered by higher rates of sedation and nausea. Patients are now more willing/able to mobilise on the first post-operative day after successful mobilisation on the day of operation, even though this may be more painful (when LIA has worn off). It could be argued that this change is not relevant, however, in the context of enhanced recovery this provides a strong positive message to patients and staff. Do the authors have a view on mobilisation?

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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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