Conclusions Both IV and oral APAP show modest reductions in opioid use; these results do not support the use of IV over oral APAP as oral APAP showed more of an opioid sparing effect.

Background and Aims Total knee arthroplasty is often associated with moderate to severe postoperative pain. Sufficient pain control is crucial for fast mobilisation and reduces side effects as well as length of hospital stay.

In this context, a variety of multimodal pain control regimes show good pain relief, including several nerve blocks, iPACK and local infiltration analgesia (LIA).

We compared the analgesic potency of the LIA with the combination of continuous femoral nerve block + sciatic single shot nerve block under general anaesthesia.

Prior to the study we obtained the approval of the local ethics committee.

Methods We enrolled 104 ASA I - III Patients in the study divided into two groups.

The LIA-group received an intra- and periarticular infiltration containing a mix of ropivacaine, adrenaline and ketorolac, followed by an infusion of the same mixture for 48 hours via an intraarticular catheter.

The patients in the FEM-group received a combination of continuous femoral nerve block with catheter and a single shot sciatic nerve block without catheter.

We analyzed postoperative pain scores during the first two postoperative days, opioid consumption, ability of ambulation and the occurrence of infections in both groups.

Results We could not detect any significant differences in pain scores, opioid consumption, time to first rescue analgesia and knee range of motion. No severe side effects like secondary bleeding or infections were reported.

Conclusions Both techniques are well established, provide equal pain relief for TKA and support early postoperative mobilisation.