Wegener JT, van OB, et al. Value of single-injection or continuous sciatic nerve block in addition to a continuous femoral nerve block in patients undergoing total knee arthroplasty: a prospective, randomized, controlled trial. Reg Anesth Pain Med. 2011;36:481-488.

Design: randomized clinical trial

Study questions: In patients undergoing total knee replacement arthroplasty (TKA), does sciatic nerve blockade added to a femoral nerve block reduce postoperative pain compared to femoral nerve block alone? Does a continuous sciatic nerve block reduce postoperative pain compared to a single sciatic nerve block? Does sciatic nerve block reduce time to discharge compared to femoral nerve block alone?

Reasons not to cite as evidence:

- All patients had femoral nerve block, and differed with respect to whether a single-shot or a continuous sciatic nerve block was added to the femoral nerve block on the day of surgery
- Although the single-shot and continuous sciatic nerve blocks did reduce postoperative pain significantly on the day of operation and on the first postoperative day, there is a possibility that there is an offsetting rate of falls when the patients begin to ambulate, perhaps due to sensory and motor effects of blocking sciatic nerve function
    - The study is underpowered to allow a comparison of the risks and benefits of sciatic nerve blockade
    - Although the authors report that the falls in the sciatic nerve block patients were due to violations of ambulation protocol, those violations could have been causally related to the reduced pain sensation from the blocks
- Time to readiness for discharge was not different between groups, but this may be a crude measure of postoperative pain's effects on overall physical function