

REGULAR POSTERS

Title: REGIONAL ANESTHESIA FOR OUTPATIENT SURGERY

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PURPOSE: In the early days of outpatient (OP) surgery, most anesthesia was either general or local with sedation (IVA).^{1,2} Regional anesthesia was discouraged because of a reputation for prolonged administration and recovery times. However, we routinely perform several types of regional anesthesia in our ambulatory surgery patients. The purpose of this study is to evaluate the complication rate and duration of postoperative stay following regional anesthesia in outpatients.

METHODS: A retrospective review analyzed patient charts and logs from the recovery room (RR) and OP surgery department for a two-month period beginning 6/2/88. Adults receiving IVA and all children were eliminated from the study. The type of regional anesthesia and its success were determined from the anesthesia record. A failure was defined as any block which required subsequent general anesthesia or repeat blockade for surgery to be performed. The length of stay in the RR and the OP surgery department was calculated from the respective logs. Time spent in each of the areas were compared using student's t-test for unpaired data. Postoperative complications occurring in both the RR and OP surgery department were obtained from patient records.

RESULTS: During this two-month period of 366 OPs meeting the above criteria, 128 (35%) received a regional anesthetic. Data regarding the types of regional anesthesia are presented in Table 1. Durations of stay in the RR, the OP surgery department, and total time for both areas are presented in Table 2. There were no significant differences in the times spent in each area for patients who received regional versus general anesthesia ($p > 0.05$). No patients were admitted for persistent nausea and vomiting. Telephone followup was attempted on one day at 24-72 hours following discharge from the OP center. Of these patients, 37 (29%) who received regional anesthesia were successfully contacted.

There were six complaints of headache in patients who received subarachnoid block, one of whom required treatment with an epidural blood patch.

CONCLUSION: Our results indicate that regional anesthesia is an acceptable technique in outpatients. Our total recovery times were 204 minutes for general anesthesia and 216 minutes for regional anesthesia. This compares with 193 minutes

determined in one series of 1,553 outpatients receiving general anesthesia.⁴ Post-surgical stay following regional anesthesia appears no different than following general anesthesia.

Our complication rate was minimal in patients who received regional anesthesia. Other studies on patients receiving general anesthesia report admissions for persistent nausea and vomiting which were absent in our patients receiving regional anesthesia. On the basis of our study, we are continuing to administer regional anesthesia to outpatients and are currently conducting a prospective study comparing regional and general anesthesia in an OP setting.

TABLE 1 - TYPES OF REGIONAL ANESTHESIA

Types	Number	Failures
Subarachnoid	66 (52%)	4 (6%)
Brachial plexus	58 (45%)	4 (7%)
Others*	4 (3%)	1 (25%)

*3 ankle blocks and 1 greater occipital nerve block.

TABLE 2 - POSTOPERATIVE RECOVERY TIMES

Type Anesth	Time RR (Min)	TIME OP (Min)	Total Time Min
General	109±47	95±54	204±74
Regional	142±88	74±40	216±93

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Reg Anesth: first published as 10.1136/rapm-00115550-198914021-00084 on 1 March 1989. Downloaded from <http://rapm.bmj.com/> on December 8, 2024 by guest. Protected by copyright.