Conclusions Perioperative benzodiazepines use was associated with increases patient falls, no effect for delirium occurrence, and reduced cardiac complications. Importantly, the postoperative risk profile, substantially deteriorated with concurrent use of gabapentinoids, showing a substantial increase in respiratory failure and delirium.

Background and Aims The aim of this study was to analyze the evolution of the approach of patients emergently admitted in an operating room (OR) dedicated to COVID positive or suspect (CP/S) patients, since the pandemic began.

Methods All emergency procedures, March-2020 to December-2021, on CP/S patients, were collected retrospectively and analyzed with a statistical significance of p <0.05, with no need to ethical approval according to local committee.

Results There was a total of 191 patients. Regarding the anesthetic approach: 80% General Anesthesia (GA), 10% Monitored Anesthesia Care and 10% Regional Anesthesia.

When comparing the frequency of positive diagnosis between 2020 and 2021 (31% in 2020 vs 53% in 2021), there was a statistically significant difference, p<0.01.

In 2020, the average length of stay in the OR was 4h13 compared to 3h13 in 2021, with a statistically significant difference.

In 2020 the mortality at 30 days was 7% compared to 3.29% in 2021. Mortality was not correlated with COVID-19 infection in both years (p = 0,255).

Conclusions There was a higher percentage of positive patients admitted, a decrease in length of stay and a decrease in mortality.

These results reflect the better preparation of health care professionals, faster diagnostics and optimized health care logistics.

However, the ongoing pandemic continues to disrupt health services throughout the world and it will keep bringing several new challenges to deal with each day, so, with this work, the authors intend to emphasize the importance of keeping the effort to constantly evolve, ensuring that the best possible care is offered.