Background and Aims | Neuroaxial techniques (NT) are commonly used for pain relief during labor. Many modalities have been introduced, each with advantages and disadvantages. The choice of the ideal approach is debatable and could be linked to various factors. We examined the factors associated with the choice of NT among a sample of parturients in Bissaya Barreto Maternity.

Methods | This is a retrospective, observational study of all patients (n=598) who had caesarean section (c-section) during 2022. Data were obtained from anonymous clinical records. Data collected included anesthetic approach technique, urgency of the c-section, previous presence of active labor, BMI of the parturient and APGAR score of the newborn. A chi squared (Q) analysis and adjusted residuals (AR) were used to reveal the association between variables.

Results | A total of 598 c-sections were done: 556 (93%) under general anesthesia (GA). There was no association between the choice of NT and the BMI of the parturient (Q 26.35;p 0.15) or APGAR score (Q 42.11;p 0.11). In the absence of labor there were higher than expected counts of combined anesthesia (AR 3.9; p<0.01) and lower epidurals (AR -5.7;p<0.01). If spontaneous or induced labor, epidural was chosen in higher counts than expected (AR 3.0 and 3.1 respectively). Emergent c-sections were positively associated with GA (AR 7.7;p<0.01).

Conclusions | GA was positively associated with emergent c-section. Epidural was negatively associated with elective c-sections and the absence of labor which was positively associated with combined anesthesia. BMI and APGAR were not related to the choice of anesthesia.

Background and Aims | As part of multimodal analgesia techniques, regional anesthesia plays a crucial role in reducing opioids usage. The aim of our study was to analyze the efficacy of intraoperative ilioinguinal block with liposomal bupivacaine (IIb/LB) in reducing intra- and post-operative use of narcotics in lower extremities vascular surgeries.

Methods | We reviewed the clinical data of 107 patients who underwent elective lower extremities vascular surgeries at our institution from January 2017 to December 2022. Patients were divided into two groups: Group I (n=41 [38%]) received an intraoperative IIb/LB; Group II (n=66 [62%]) did not receive regional anesthesia. Endpoints included procedural metrics, intra- and post-operative narcotic use at 12, 24, 48 and 72 hours after surgery.

Results | Both groups had similar demographics and operative indications. Median dose of intraoperative opioids in IV morphine equivalents was lower for Group I versus Group II (22.5 ± 10.1 vs 28.4 ± 12.2, P=0.01). Median postoperative IV morphine equivalents were lower for Group I versus Group II (12h 81.5±36.1 vs 108.1±44.5, P <0.001; at 24h 88.5±45.3 vs 125.4± 54.9, P <0.001; at 48h 121.7±75.2 vs 199.8±109.4, P<0.001). There were no significant differences in mortality or major adverse events between the two groups.