



HUMANITAS
MATER DOMINI

Anestesia generale e locoregionale : quando insieme ?



European Society of
Regional Anaesthesia
& Pain Therapy

ESRA ITALIA



XXVI CONGRESSO
NAZIONALE
ESRA ITALIAN CHAPTER





Local anaesthetic infiltration for peri-operative pain control in total hip and knee replacement: systematic review and meta-analyses of short- and long-term effectiveness.

Elsa MR Marques^{1*}, Hayley E Jones¹, Karen T Elvers², Mark Pyke³, Ashley W Blom² and Andrew D Beswick²

Marques et al. BMC Musculoskeletal Disorders 2014, 15:220

Conclusions

Our systematic review and meta-analysis shows that inclusion of local anaesthetic infiltration in a multimodal anaesthesia regimen is effective in reducing short term pain and hospital stay in patients receiving THR and TKR. Enhanced pain control was observed when additional analgesia was provided after wound closure through a catheter but benefit should be weighed against a possible infection risk. For patients with TKR, inclusion of the non-steroidal anti-inflammatory agent ketorolac in the infiltrate seemed to enhance pain relief. There was no evidence of pain control additional to that provided by femoral nerve block in patients receiving TKR. Few studies reported long-term outcomes and future research should assess whether local anaesthetic infiltration can affect the development of long-term post-surgical pain.



ELSEVIER

Contents lists available at [ScienceDirect](#)

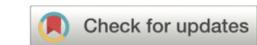
The Journal of Arthroplasty

journal homepage: www.arthroplastyjournal.org



Primary Arthroplasty

Rapid Recovery After Total Joint Arthroplasty Using General Anesthesia



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Discussion: Neuraxial anesthesia for TJA is commonly preferred in high-volume institutions utilizing contemporary enhanced recovery pathways. Our data support the notion that the utilization of modern GA techniques that limit narcotics and certain inhalants can be successfully used in short-stay primary total joint arthroplasty.



REVIEW

Regional or general anesthesia for fast-track hip and knee replacement - what is the evidence? [version 1; referees: 2 approved]

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Latest published: 15 Dec 2015, 4(F1000 Faculty Rev):1449 (doi: 10.12688/f1000research.7100.1)

Abstract

Regional anesthesia for knee and hip arthroplasty may have favorable outcome effects compared with general anesthesia by effectively blocking afferent input, providing initial postoperative analgesia, reducing endocrine metabolic responses, and providing sympathetic blockade with reduced bleeding and less risk of thromboembolic complications but with undesirable effects on lower limb motor and urinary bladder function. Old randomized studies supported the use of regional anesthesia with fewer postoperative pulmonary and thromboembolic complications, and this has been supported by recent large non-randomized epidemiological database cohort studies. In contrast, the data from newer randomized trials are conflicting, and recent studies using modern general anesthetic techniques may potentially support the use of general versus spinal anesthesia. In summary, the lack of properly designed large randomized controlled trials comparing modern general anesthesia and spinal anesthesia for knee and hip arthroplasty prevents final recommendations and calls for prospective detailed studies in this clinically important field.



This article is included in the F1000 Faculty Reviews channel.

Open Peer Review

Referee Status:

	Invited Referees	
	1	2
version 1 published 15 Dec 2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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- 1 Stavros Memtsoudis, Weill Cornell Medical College USA
- 2 Jan Jakobsson, Karolinska Institute Sweden

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Comments (0)

In summary, the recent development of optimized general and regional anesthetic techniques together with advances in multimodal opioid-sparing analgesia combined with the fast-track methodology may provide an opportunity in a large randomized study to answer the old question of whether regional anesthesia is better than general anesthesia.

In conclusion, the jury is still out for conclusive evidence for the optimal choice of regional versus general anesthetic techniques for knee and hip arthroplasty in fast-track surgery.

Comparison of the risk profiles for adverse events after general and spinal anesthesia needs to take into account that the choice of anesthesia and subsequent complications are affected mainly by patient characteristics. **This is a main bias in the current large nationwide database studies reporting significantly higher complication rates after general anesthesia**



General anesthesia

**MAKE IT
EASY**



Spinal anesthesia

The best choice today and tomorrow_

Regional Anesthesia

General Anesthesia

Fast Track Patient

Regional Analgesia Techniques



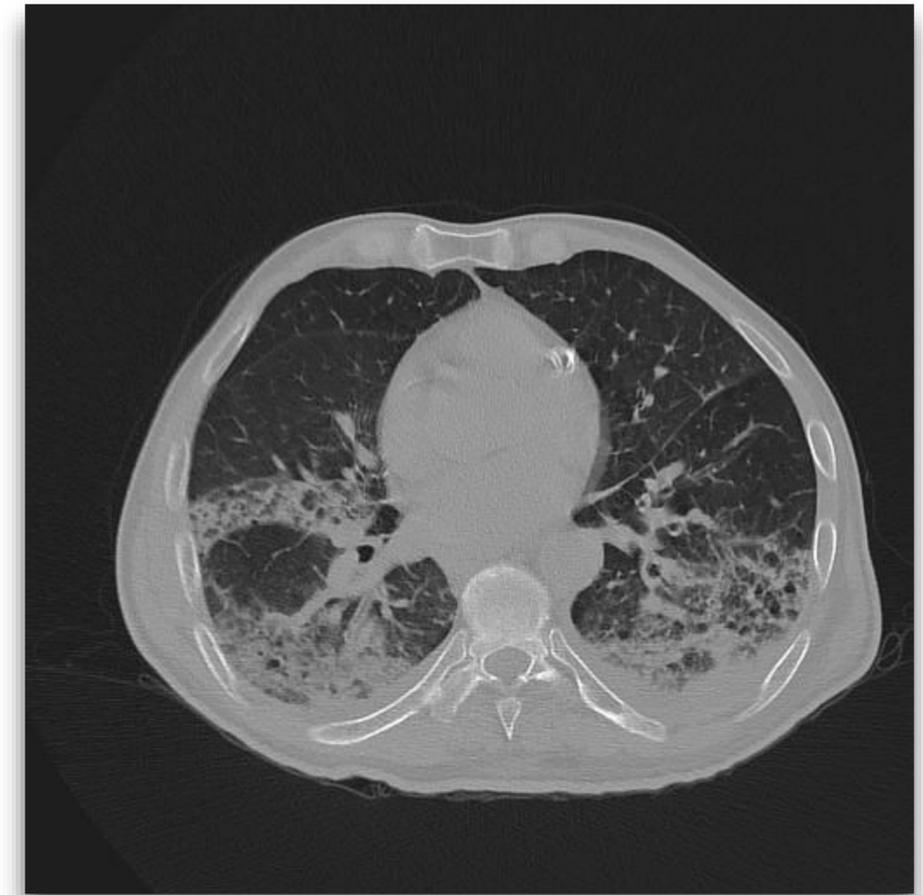
Kendall et al. BMC Anesthesiol (2021) 21:226

Spinal versus general anesthesia for patients undergoing outpatient total knee arthroplasty: a national propensity matched analysis of early postoperative outcomes

Mark C. Kendall^{1*}, Alexander D. Cohen¹, Stephanie Principe-Marrero¹, Peter Sidhom¹, Patricia Apruzzese² and Gildasio De Oliveira¹

Conclusions: The type of anesthetic technique, general or spinal anesthesia does not alter short term SAEs, readmissions and failure to rescue in patients undergoing outpatient TKR surgery.

Paziente maschio di 64 anni, grave cardiopatia ischemica con movimento enzimatico, ingresso in EPA, operato frattura di femore con blocco fascia iliaca + sciatico sottogluteo in AG.



Pain Medicine, 21(2), 2020, 378–386

doi: 10.1093/pm/pnz214

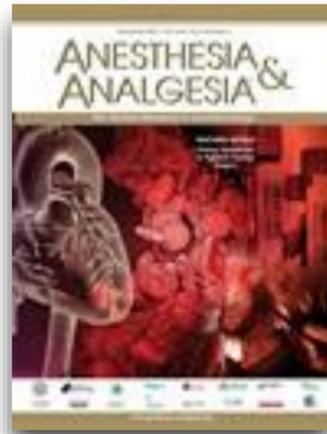
Advance Access Publication Date: 29 August 2019

Original Research Article

 OXFORD

The Effects of Ultrasound-Guided Transversus Abdominis Plane Block on Acute and Chronic Postsurgical Pain After Robotic Partial Nephrectomy: A Prospective Randomized Clinical Trial

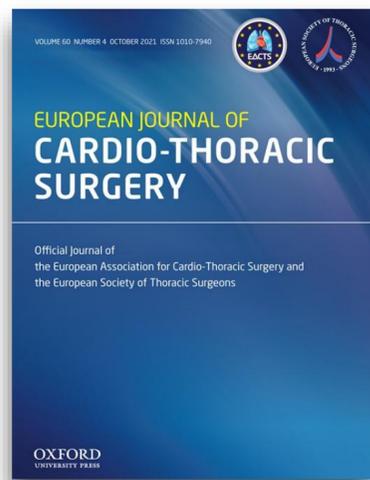
**Marco Covotta, MD,^{*,a} Claudia Claroni, MD,[†] Manuela Costantini, MD,[‡] Giulia Torregiani, MD,[§]
Lorella Pelagalli, MD,[§] Antonio Zinilli, PhD,[¶] and Ester Forastiere, MD[§]**



Regional Analgesia Added to General Anesthesia Compared With General Anesthesia Plus Systemic Analgesia for Cardiac Surgery in Children: A Systematic Review and Meta-analysis of Randomized Clinical Trials

Ann Monahan, MD,* Joanne Guay, MD,†‡§ John Hajduk, BS,* and Santhanam Suresh, MD*

CONCLUSIONS: Compared to systemic analgesia, RA techniques reduce postoperative pain up to 24 hours in children undergoing cardiac surgery. Currently, there is no evidence that RA for pediatric cardiac surgery has any impact on major morbidity and mortality. These results should be interpreted cautiously because they represent a meta-analysis of small and heterogeneous studies. Further studies are needed.



Summary and recommendations

A combination of regional and general anaesthetic techniques should be used to permit early emergence from anaesthesia and extubation. Lung isolation can be provided with either a double-lumen tube or a bronchial blocker, and lung-protective ventilation strategies should be used during one-lung anaesthesia. Non-intubated anaesthesia shows potential but cannot currently be recommended for routine use. Short-acting volatile or intravenous anaesthetics, or their combination, are equivalent choices.

Evidence level:

Lung-protective strategies during one-lung ventilation: Moderate. Non-intubated thoracic surgery: Low.

Combined regional and general anaesthesia: Low.

Short-acting volatile or intravenous anaesthetics or their combination: Low.

Recommendation grade:

Lung-protective strategies during one-lung ventilation: Strong. Non-intubated thoracic surgery: Not recommended.

Combined regional and general anaesthesia: Strong.

Short-acting volatile or intravenous anaesthetics or their combination: Strong.

Recommendations Society and the

Andro Brunellid, Robert J.
, Peter D. Slinger and Babu

	Recommendation grade
	Strong

Continuous measurement
Standard anaesthetic protocol
Lung-protective strategies
A combination of regional
Short-acting volatile or i
PONV control
Non-pharmacological m
patients
A multimodal pharmaco
erate risk or high risk
Regional anaesthesia and p
Regional anaesthesia is r
Paravertebral blockade p



Guidelines for Perioperative Care in Elective Colorectal Surgery: Enhanced Recovery After Surgery (ERAS^o) Society Recommendations: 2018

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T. A. Rockall⁸ • T. M. Young-Fadok⁹ • A. G. Hill¹⁰ • M. Soop¹¹ • H. D. de Boer¹² • R. D. Urman¹³ • G. J. Chang¹⁴ • A. Fichera¹⁵ • H. Kessler¹⁶ • F. Grass⁴ • E. E. Whang¹⁷ • W. J. Fawcett¹⁸ •

Fig. 3 Intraoperative items

QUALITY OF EVIDENCE AND RECOMMENDATIONS

Summary and recommendation:

The use of short-acting anaesthetics, cerebral monitoring to improve recovery and reduce the risk for post operative delirium, monitoring of the level and complete reversal of neuromuscular block is recommended. Quality of evidence: Short-acting anaesthetics: Low Recommendation grade: High

Quality of evidence: Use of Cerebral Monitoring: High Recommendation grade: Strong

Quality of evidence: Reducing intra-abdominal pressure during laparoscopic surgery facilitated by neuromuscular block: Low
Recommendation grade: Weak

Evidence: Monitoring (objective) the level and complete reversal of neuromuscular block: High Recommendation grade: Strong

■ WEAK
■ STRONG

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Italian Chapter

XXVII CONGRESSO NAZIONALE



PERUGIA
Hotel Giò

Novembre
17-19, 2022

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