

REGIONAL ANAESTHESIA (RA) PRACTICE IN GREECE (ESRA Hellas Report) A Multi-Centre, Nation-Wide Survey & Review of the Current Literature

Argyra E, Moka E, Vadalouca A, Stavropoulou E, Gambopoulou Z, Siafaka I ESRA Hellas & Greek Anaesthesiology Departments

Introduction

RA TECHNIQUES (CNBS & PNBS)

are well established surgical anaesthesia-analgesia modalities, multiple advantages during perioperative management. However, numerous inter-hospital variations, as well as inter- and intra- country differences have been described, with information on RA nationwide extent of use being sparse in Literature, at national, European or international Level.

Aim(s) of the Study

ESRA Hellas Initiative

With the aims to Assess and Document Application Rates of RA Techniques in Greece, during 2011, a Multicenter, Nation-Wide, Retrospective, Observational Survey was implemented, incorporating a Cross-Sectional Study Design, with a Structured-Predefined Questionnaire being emailed to 128 of the 230 existing Greek Anaesthesiology Departments of Public and Private Sector, in 2012.

Study Methodology

Setting Greek Anaesthesiology Departments

Participants: Chairmen of Anaesthesiology Departments Intervention: Survey from March 1st to June 30th 2012

Main Outcome Measures

Primary Endpoint

- Documentation of RA extent of use in Greece
- Types of Surgery RA is applied for

Secondary Objectives

- Hospitals Differences across Country
- Factors influencing RA use in Greece

Methods: Descriptive / Comparative Data Analysis

Ethics Approval

ESRA Hellas Scientific Committee (Ethics Committee)

Questionnaire Evaluation & Survey Protocol Approval

Collaborators' Participation: Voluntary

- participation agreement with informed consent
- freedom to participate or withdraw from study
- preserved anonymity of patients data & emerging data safely kept

Statistical Analysis of Data

Returned – Collected Questionnaires

Evaluated for consistency within each section

Statistics: SPSS (Version 17.0), x² Statistical Test (p<0.05)

Results Presentation: descriptive form (Total N, Frequencies, %)

Sample Size Calculation

retrospectively: comparison of a proportion

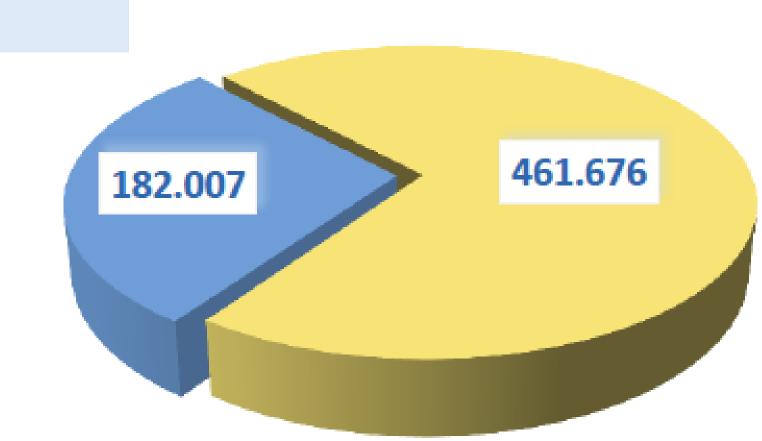
- given that proportion of RA utilization
- 45.8% in Public Sector & 11.5% in Private Sector
- Type I Error (alpha level, two sided) = 0.01
- Type II Error (beta level) = 0.01
- Null Hypothesis = 50%
- Min Required Sample Size for Valid Conclusions
- 3.744 operations in Public Sector
- 28 operations in Private Sector

Study Results

Contact Rate: 128/230 Anaesthesiology Departments (55.65%) 74/129 in Public Sector (57.36%) & 54/101 in Private Sector (53.46%) Response Rate: 66/128 Anaesthesiology Departments (51.56%) 40/74 in Public Sector (54.05%) & 26/54 in Private Sector (48.15%) In Private Sector: 23/26 Anaesthesiology Departments (88.46%) no routine RA performance on a regular basis presented results: from Public Sector

SAMPLE Representativeness

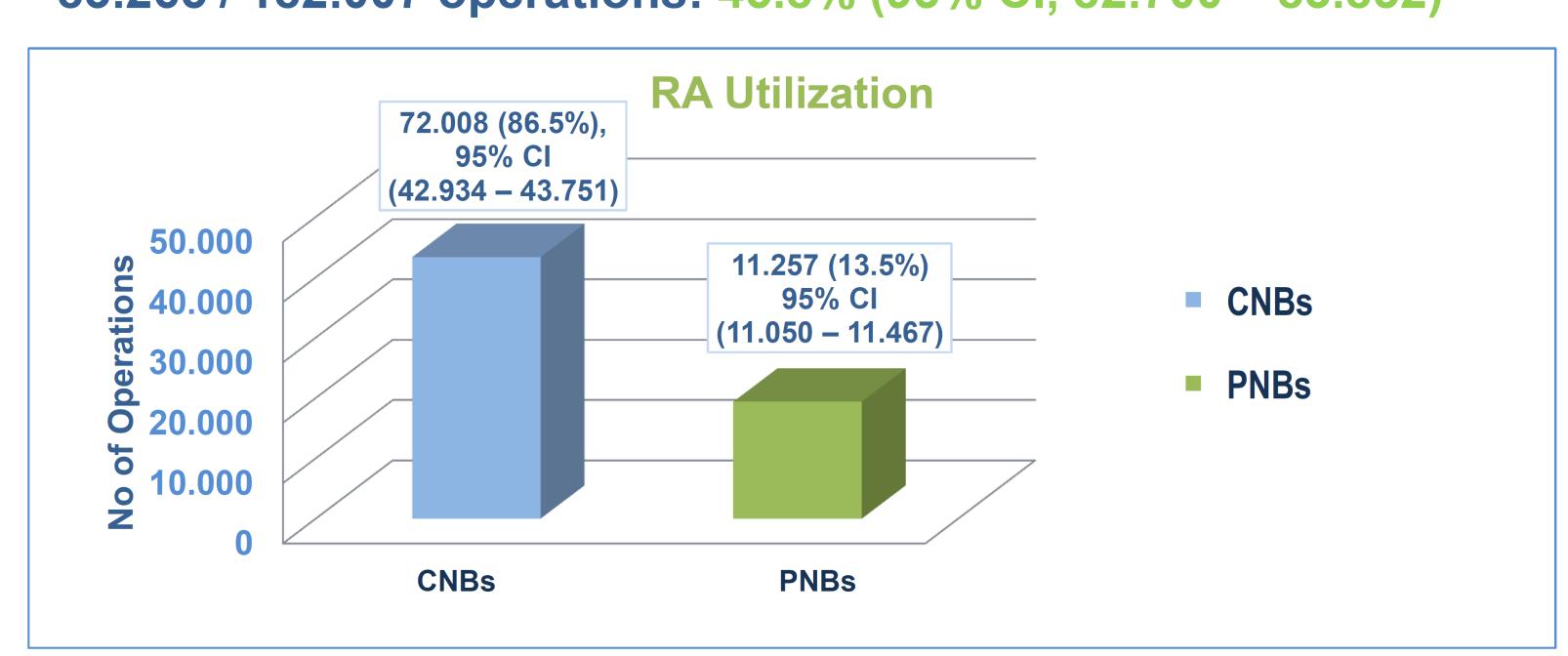
40 Public Hospitals included from all Geographical Regions from all Health Districts (7) 182.007 operations in Public Sector ≈ 40% over 461.676 operations



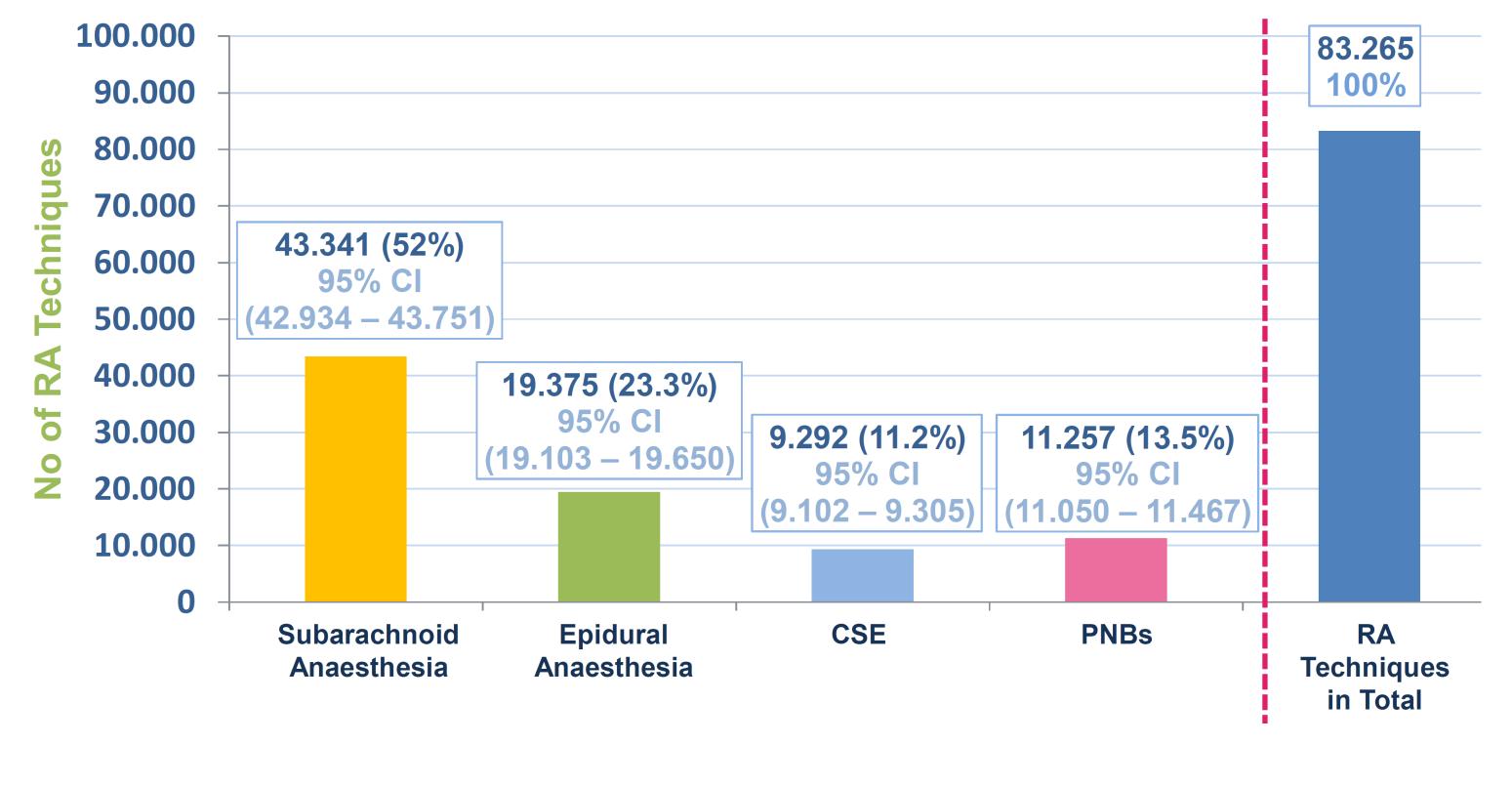
RA Application Rates in Greek Public Hospitals

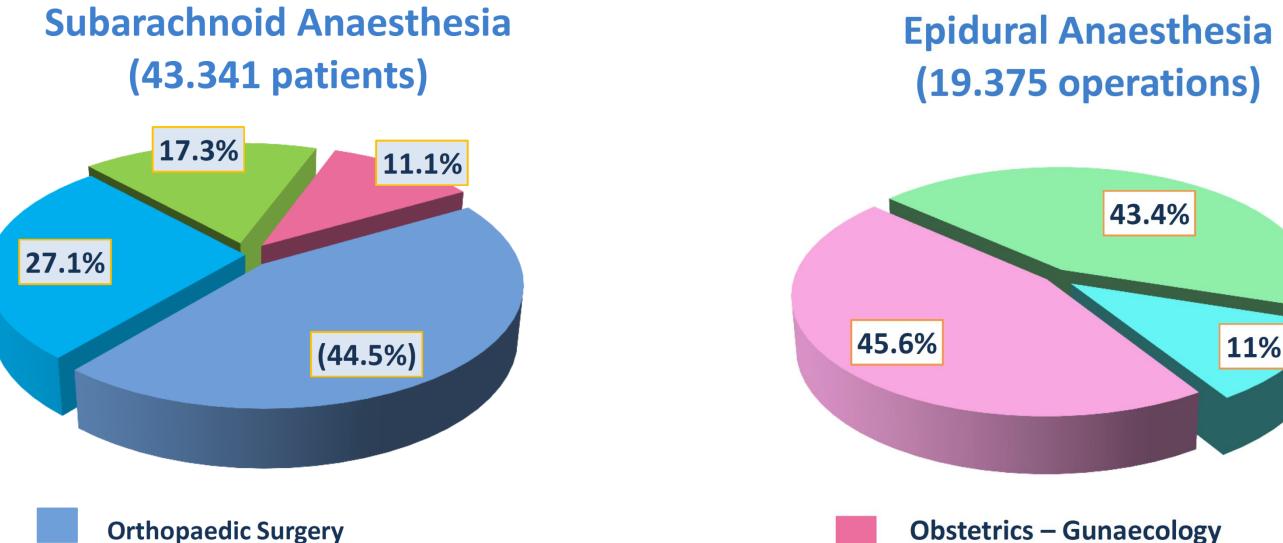
Applied in almost half of surgical procedures

83.265 / 182.007 operations: 45.8% (95% CI, 82.700 – 83.832)



CNBs Application Rates in Greek Public Hospitals





Obstetrics – Gynaecology

Urology & Vascular Surgery

General Surgery

Study Results

RA for Caesarean Section (CS) in Greek Hospitals

Public Hospitals of the Capital EPIDURAL / CSE → 50.3%

Public Hospitals of Periphery (County Institutions) mostly SUBARACHNOID → 64.9 – 90.1%



PNBs Application in Greek Hospitals (11.257 pts)

Mostly Upper Limb (41.3%) & Lower Limb (50.7%) PNBs Aim → Anaesthesia & POSTOP Analgesia

Peripheral Nerve Catheters → Uncommon If Placed: remained for 48 – 72 hours

70.2% of PNBs → Capital Hospitals 29.8% of PNBs → County Hospitals

SELECTED TECHNIQUE FOR PNBS APPLICATION

- Neurostimulator NS (78.5%)
- Ultrasounds US (1.5%)
- Combination of NS US (3.5%) Landmarks Identification (90.5%)
- Paraesthesia (16%)

FAMILIARITY WITH RA

(345 Greek Anaesthesiologists)

- CNBs → Broad (94.49%)
- **PNBs** → Limited (46.38%)

PNBs APPLICATION HINDERING FACTORS

- Lack of Necessary Equipment (58.23%)
- Inadequate Training (49.29%)

Conclusions

Survey – Based Study: RA Application in Greece

identification of Strengths & Deficiencies

RA Utilization: 45% of all operations

percentages in other countries: great variation (46.3 – 71.4%)

RA techniques used on a regular basis (CNBs more often vs PNBs) Selection of RA Technique

- type of surgery
- experience training
- equipment availability

Future Directions

SUGGESTIONS – NECESSITY FOR

- detailed & concise Questionnaires
- **RA Application Registries**
 - collaborative networks & prospective data collection
 - research, education, training & quality improvement

Pan – European Survey under ESRA Auspices

LITERATURE

43.4%

General, Urology & Vascular Surgery

Orthopaedic Surgery

Hanna MN, Murphy JD, Kumar K, Wu CL. Curr Opin Anaesthesiol. 2009; 22: 672 – 677. Kettner SC, Willschke H, Marhofer P. Br J Anaesth. 2011; 107 (Supplement 1): i90 – i95. Memtsoudis SG, Sun X, Chiu YL, et al. Anesthesiology. 2013; 118: 1046 – 1058. Buist RJ. J R Soc Med. 1990; 83: 709 – 712. Rawal N. Reg Anesth Pain Med. 1995; 20 (Supplement 2S): 162. - Rawal N, Allvin R, Euro Pain Study Group on Acute Pain. Acta Anaesthesiol Scand. 1996; 40: 1119 Holmstrom B. Rawal N. Arner S. Acta Anaesthesiol Scand. 1997: 41: 565 – 572.

Hadzic A, Vloka JD, Kuroda MM, Koorn R, Birnbach DJ. Reg Anesth Pain Med. 1998; 23: 241 – 246.

Rukewe A, Fatiregun A. Anesth Analg. 2010; 110: 243 – 244. Bartusseck E, Fatehi S, Motsch J, Grau T. Anaesthesist. 2004; 53: 836 – 846. Grau T, Fatehi S, Motsch J, Bartusseck E. Anaesthesist. 2004; 53: 847 – 855. Tzavellas P, Papilass K, Grigoropoulou I, et al. Eur J Anaesthesiol. 2007; 24: 942 – 950. Shibli KU, Russell IF. Int J Obstet Anaesth. 2000; 9: 160 – 167. Clergue F, Auroy Y, Pequignot F, Jougla E, et al. Anesthesiology. 1999; 91: 1509 – 1520. Rawal N, Hylander J, Nydahl RA, Olofsson I, Gupta A. Acta Anaesth Scand. 1997; 41: 1017 – 1022. Polaner DM, et al. Anesth Analg. 2012; 115: 1353 – 1364.

