

Abstract EP168 Table 1 Demographic data

N	29
Age (SD)	37.9 (7.9)
Female (%)	17 (58.6%)
Professional experience in ICU	< 5 years – 10 (34.5%) 5 – 10 years – 9 (31%) > 10 years – 10 (34.5%)

Abstract EP168 Table 2 Questionnaire and answers

In your opinion, which patient benefits the most from epidural analgesia?	Surgical 16 (55.2%)	Medical 0 (0%)	Both 13 (44.8%)
In your opinion, is it harder to assess pain when patient has epidural analgesia?	Yes 4 (13.8%)	No 25 (86.2%)	Did not answer
In your professional experience, epidural analgesia reduced the number of days with patients in sedation	28 (96.6%)	1 (3.4%)	
In your professional experience, epidural analgesia made ventilator weaning easier	27 (93.1%)	2 (6.9%)	
In your professional experience, epidural analgesia made easier to mobilize the patient	27 (93.1%)	2 (6.9%)	
In your professional experience, epidural analgesia made nurse care difficult	1 (3.4%)	28 (96.6%)	
In your professional experience, epidural analgesia made physical rehabilitation become earlier	28 (96.6%)	0 (0%)	1 (3.4%)
In your professional experience, epidural analgesia worsened nausea, vomiting and gastric stasis	0 (0%)	29 (100%)	
In your professional experience, epidural analgesia contributed to a better patient sleep	26 (89.7%)	2 (6.9%)	1 (3.4%)
In your professional experience, drug infusion (balloon) was better than perfusion pump in epidural analgesia	19 (65.5%)	9 (31%)	1 (3.4%)
In your opinion, acute pain team helps ICU nurses	29 (100%)	0 (0%)	
Do you consider that the epidural technique was effective in the treatment of acute pain?	29 (100%)	0 (0%)	

Abstract EP168 Table 3 Cross-tab – professional experience in ICU and most benefit patient. AR – adjusted residual

Most benefit	Surgical Medical Both	Professional experience in ICU			Total
		< 5 years 6 (AR 0.4)	5 – 10 years 7 (AR 1.6)	> 10 years 3	
		0	0	0	0
		4	2	7 (AR 2.0)	13

Conclusions From nurse's perspective, a multidisciplinary approach has a clear benefit for critical care patients, with no interference with their daily routine. It was interesting to verify that the greater the professional experience, the bigger recognition of epidural analgesia benefits in different patients. The authors recognize the small sample bias, but highlight the importance of epidural analgesia in ICU from nurse's perspective, essential in patient management, rarely addressed in literature.

ePoster session 5 – Station 5

EP169 ANESTHETIC CHOICE AND OUTCOMES IN TOTAL HIP AND KNEE ARTHROPLASTY PATIENTS 2006–2021

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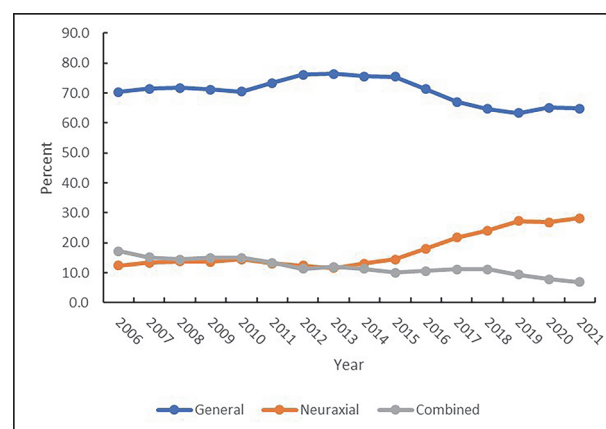
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Background and Aims Neuraxial anesthesia use with improved postoperative outcomes has been widely debated and its utilization has likely changed over time. Data from total hip and knee arthroplasty (THA/TKA) patients were used to assess anesthesia choice and compare choice of anesthesia with several complications and resource utilization outcomes from 2006–2021.

Methods After Institutional Review Board approval (IRB #2012-050), using the Premier Healthcare Database we

identified patients undergoing a THA/TKA from 2006–2021. Demographics, complications, resource utilization and anesthetic choice (general, neuraxial, and combined general-neuraxial) were analyzed. We used logistic regression models to compare complication and resource utilization outcomes between neuraxial vs. general anesthesia, and neuraxial vs. combined anesthesia groups. Patients with missing anesthesia were excluded from analysis.

Results We identified 906,364 THA patients and 1,603,324 TKA patients. General anesthesia was used in 71.0% of procedures, neuraxial anesthesia in 17.2%, and combined anesthesia in 11.8%. General anesthesia use [range: 63.3% to 76.4%] decreased from 70.4% in 2006 to 64.8% in 2021, neuraxial use increased from 12.4% to 28.2%, and combined use decreased from 17.2% to 7.0% (figure 1). After adjustment, we found decreased odds for all outcomes among patients who received neuraxial anesthesia in comparison with patients under general anesthesia (table 1).



Abstract EP169 Figure 1 Annual anesthesia choice percentages among total hip and knee arthroplasty patients from 2006 to 2021

Abstract EP169 Table 1 Results from multivariable logistic regression models for total hip and knee arthroplasty patients assessing anesthesia use and complications/resource utilization

Complications	Neuraxial vs General		Combined vs General	
	Odds Ratio (95% CI)	P-value	Odds Ratio (95% CI)	P-value
Pulmonary embolism	0.85 (0.79–0.92)	<.0001	0.90 (0.83–0.98)	0.011
Cerebrovascular event	0.79 (0.70–0.88)	<.0001	1.02 (0.91–1.15)	0.696
Pulmonary compromise	0.81 (0.77–0.85)	<.0001	0.93 (0.88–0.98)	0.007
Cardiac (non-MI)	0.81 (0.78–0.84)	<.0001	1.17 (1.14–1.21)	<.0001
Pneumonia	0.71 (0.67–0.74)	<.0001	0.98 (0.93–1.03)	0.463
All infections	0.90 (0.88–0.92)	<.0001	0.97 (0.94–0.99)	0.013
Acute renal failure	0.69 (0.67–0.71)	<.0001	0.81 (0.78–0.83)	<.0001
Gastrointestinal complications	0.69 (0.65–0.74)	<.0001	1.00 (0.95–1.06)	0.944
Acute MI	0.80 (0.73–0.88)	<.0001	1.16 (1.06–1.28)	0.001
Resource Utilization				
Mechanical Ventilation	0.88 (0.84–0.91)	<.0001	1.03 (0.99–1.08)	0.126
Intensive Care Unit Admission	0.70 (0.68–0.72)	<.0001	0.73 (0.70–0.75)	<.0001

Adjusted for age, gender, race, admission type, insurance, region, urban/rural, number of beds, teaching status, and peripheral nerve block use

Conclusions Neuraxial anesthesia use for THA/TKA increased from 2006–2021, whereas the use of general anesthesia and combined anesthesia decreased. Neuraxial use is associated with decreased odds for all complications and resource utilization outcomes. Further research is needed to determine the association between neuraxial use and improved outcomes in comparison to general anesthesia.