

Do patients have equal access to peripheral nerve block for ambulatory shoulder surgery?

Evidence of disparities from national estimates

Minghui Chen, MD, PhD ¹; Tao Li, MD, PhD ²; Donald Lambert, MD, PhD ¹

¹ Anesthesiology, Boston Medical Center, Boston MA; ² Health Policy, College of Health, Oregon State University, Corvallis OR

Introduction

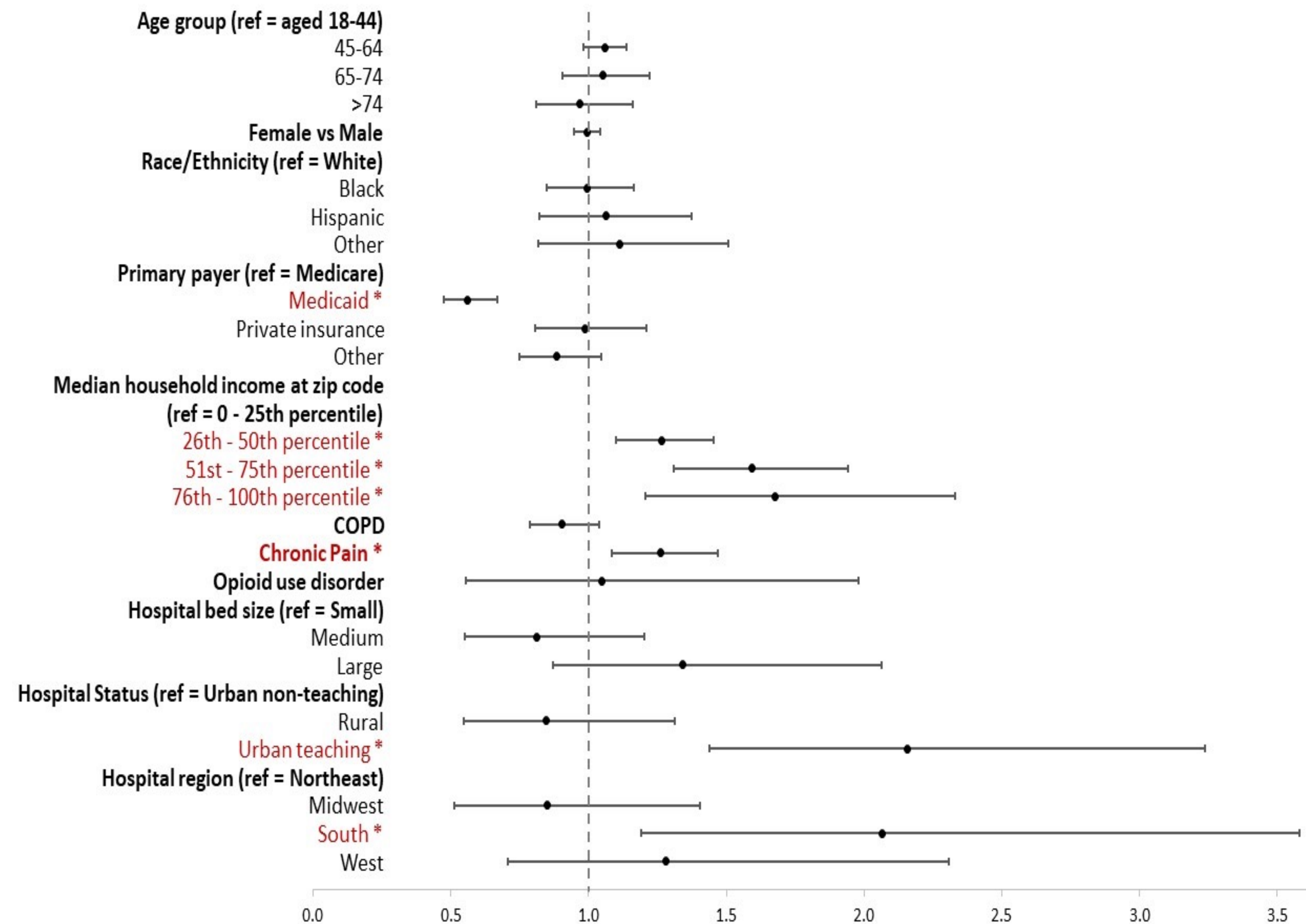
- Peripheral nerve block (PNB) improves postoperative pain relief, reduces postoperative opioid consumption, decreases unplanned admission rate, shortens post-anesthesia care unit stay, and enables earlier rehabilitation.
- Difficulties of implementing PNB include financial barriers for patients of vulnerable socio-economic status and demanding substantial resources that are challenging for some facilities.

Methods

- Data source:** Nationwide Ambulatory Surgery Sample from 2019 to 2020.
- Samples:** Discharge records for adults who received major shoulder surgery under general anesthesia and/or regional anesthesia.
- Analysis:** Weighted logistic regression model of whether patients received PNB.

Results

Odds ratios of using PNB for ambulatory shoulder surgery in the U.S.



Conclusions

- Patients with Medicaid insurance and those with low income had lower odds of receiving PNB.
- There was a higher odds of using PNB in teaching hospitals than non-teaching hospitals.

Implications

- Improving insurance coverage and reimbursement for regional anesthesia
- Supporting training and education
- Advancing knowledge and techniques

