

AN INTERNATIONAL SURVEY OF PEDIATRIC REGIONAL ANESTHESIA PRACTICE

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INTRODUCTION

- The benefits of regional anesthesia (RA) in adult care—including time and cost savings from block rooms—are well-documented. However, in Pediatrics, RA is often performed under general anesthesia (GA) as part of multi-modal analgesia, rather than as an alternative to GA. [1-3]
- Limited data exists on global practice patterns—particularly factors influencing RA efficiency and effectiveness. We aimed to investigate current pediatric RA practices globally, and to identify opportunities for improvements in efficiency.

METHODS

- We created a survey asking key questions about the practice of pediatric RA worldwide—e.g., when blocks are done, block room availability/use, presence of RA fellowship-trained staff, use of pre-packaged block kits versus a la carte, and so on.
- The survey was distributed via publicly-available emails, social media, and word of mouth. We primarily targeted English-speaking institutions but distributed the survey to sites across 6 continents.
- Responses were analyzed using descriptive statistics and answers were expressed as percentages of total respondents.

RESULTS

- So far: 91 responses collected from 26 countries across 6 continents.
- Majority of respondents (>90%) do not have dedicated block rooms, and RA blocks are most often performed in the OR under GA.
- Only 40% of institutions have block carts readily available, and just 24% provide pre-packaged block kits for pediatric cases.
- While 58% of sites have RA fellowship-trained staff, the presence of a dedicated anesthesiologist specifically performing blocks is rare (45%).
- Notably, 22% of respondents indicated that surgeon support for pediatric RA was less than 50% at their institutions, and only 47% of respondents reported support of >80%. Other findings are indicated in Fig 1.

DISCUSSION

- Our findings highlight key insights about global practices of pediatric RA and identify areas for improvement in the efficiency and delivery of RA.
- Blocks are mostly done under GA in the OR, with few sites having access to or utilizing a dedicated block room, reinforcing that efforts to improve efficiency must look outside of the block room and within the OR.
- Most institutions have RA fellowship-trained staff who are valuable resources for providing education and institution-specific guidance in improving pediatric RA practice.
- Premade pediatric block kits and stocked block carts are an underutilized resource that many institutions could benefit from.



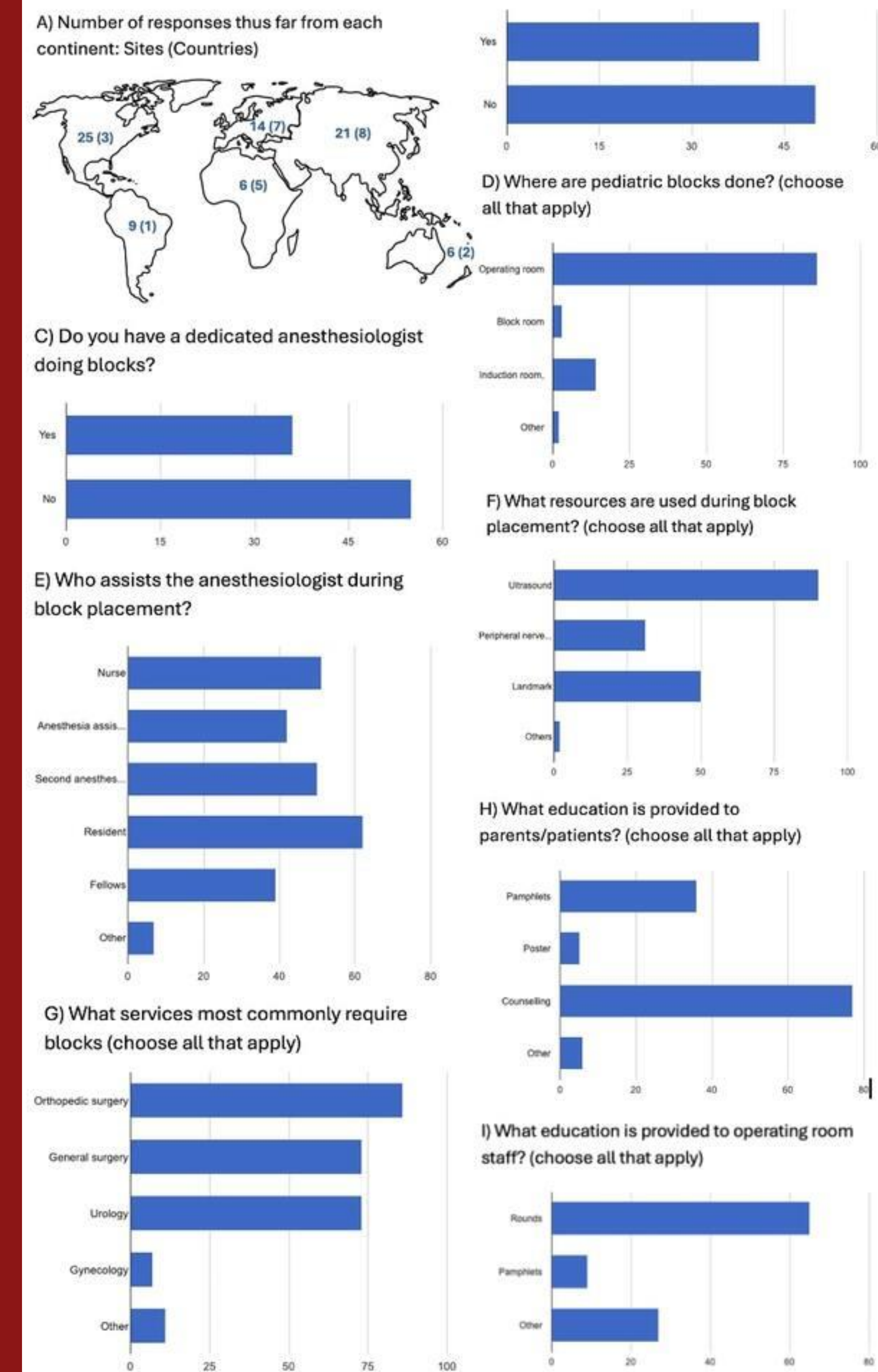
Key insights from a global survey of pediatric regional anesthesia practices:

- Practices vary widely
- No standardized care protocols
- Potential to enhance efficiency & delivery of regional anesthesia

Fill out our survey here!



Figure 1. Responses to key questions in our survey. Answers expressed as % of total responses.



REFERENCES

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- 3) Merella, F., Canchi-Murali, N., & Mossetti, V. (2019). General principles of regional anaesthesia in children. BJA Education, 19(10), 342–348.