

Preoperative Nerve Blocks Improve First Case On-Time Starts: A One-Year Retrospective Review Comparing First Case Scheduled with Regional versus Non-Regional Anesthesia

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Intro

- Regional Anesthesia (RA) has many benefits: reduced opioid consumption, increased patient satisfaction, improved recovery times
- Concern of RA delaying FCOTS might impact eligible patients from receiving blocks
- This study compared first case delays between patients that had a preoperative RA to those without RA.

Methods

- Monocentric retrospective EMR review from December 1, 2021-December 1, 2022
- Inclusion of all patients receiving single shot or catheter placement in preoperative area by RA team scheduled for first case starts
- Utilizing EMR, each surgical record was manually reviewed for documented delays, preoperative nursing and RA completion time, and 'patient in-room' time

Results

- 5,829 patients included in both RA and non-RA groups (910 vs 4,919 respectively)
- 58% of documented FCOTS delays in RA group. 22% of delays were attributed to the RA procedure. Of these delays, only 14% were accurately documented from RA.
- Non-RA group had 53% of documented FCOTS delays. However, there were 71% FCOTS delays based on OR-times.
- Average OR in-room time was earlier for RA group than non-RA group
 - RA mean 'patient in-room' time was 08:19 (SD +/-11 minutes) and 07:23 (SD +/-15 minutes) on Mondays and Tuesdays—Fridays, respectively.
 - Non-RA group mean 'patient in-room' was 08:22 (SD +/-20 minutes) and 07:25 (SD +/-21 minutes) on Mondays and Tuesdays—Fridays, respectively.

Regional anesthesia does not delay first case on time starts compared to non-regional patients

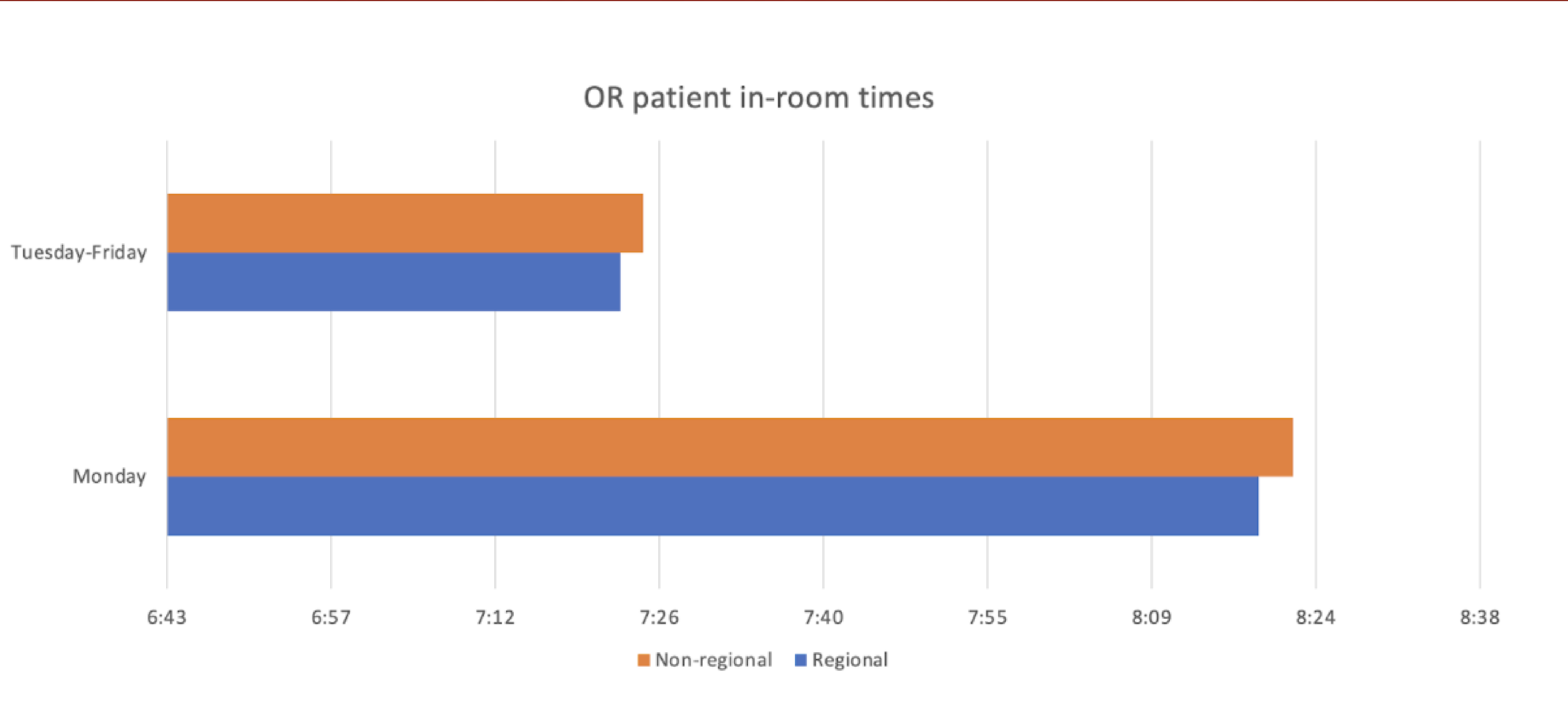


Image 1: In-room times for FCOTS

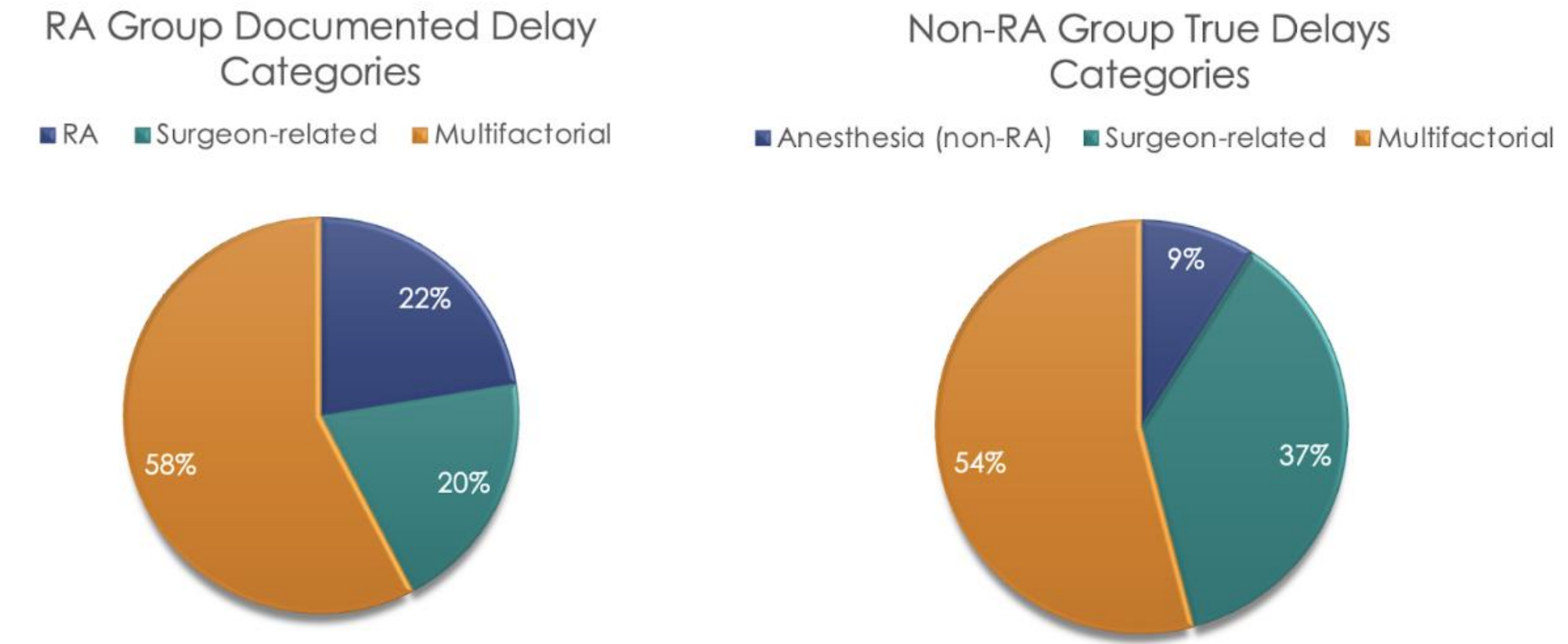


Table 1: Delay categories

Discussion

- RA does not delay FCOTS more than non-RA
- Important to consider all upstream and downstream causes of delays
 - Trickle effects of delay in preoperative preparation, etc.
- Documentation integrity should be a priority, especially if drawing conclusions to implement changes
- RA should be offered to patients for indicated surgeries without concern for delaying first cases more than no block

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