

Formal assessment of patients' experiences with epidural anaesthesia and sedation for prolonged orthopaedic lower limb surgery

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Introduction

Nuffield Orthopaedic Centre (NOC) is a tertiary referral centre for major orthopaedic surgery. Since 2007 we have growing experience of using epidural anaesthesia with sedation (EA+Sed) rather than general anaesthesia for prolonged lower limb orthopaedic surgery (LLOS) with soft tissue reconstruction. With continuing very positive informal patients' feedback, we've undertaken formal assessment of patients' experiences with this technique.

Methods

With institutional approval, 43 patients who underwent Epi+Sed for LLOS in the period January 2007-July 2013 were invited to answer a standardised postoperative questionnaire about their experiences "Before your operation" (A), "In the anaesthetic room and theatre" (B) and "Comparing this operation with any previous limb surgery" (C).

Results

All operations were completed without anaesthetic or surgical complications. There were no ITU admissions postoperatively and no returns to theatre.

39 (90.7%) patients responded to the questionnaire. Their operations ranged from 240 min to 875 min (mean 454 min).

A. 36 of the 39 respondents (92.3%) felt that they received "adequate" or "too much" preoperative information about their anaesthetic.

B. 28 of the respondents (71.8%) were aware of the operation "at least some of the time". 100% of these patients with "conscious" sedation ranked their overall experience as "comfortable" or "very comfortable".

C. 35 of the 39 respondents (89.7%) had previous lower limb surgery under GA+/-Epi, 31 of those (88.6%) reported their experience with EA+Sed as "better" or "much better" and 30 (85.7%) reported their recovery from Epi+Sed as quicker, compared to previous GA+/-Epi.

The reported benefits included "less drowsiness and nausea in recovery", "no nausea, no sore throat, overall happier", "not feeling drained or sick", "ability to eat and drink soon after surgery", "I never felt better".

All patients (100%) were "satisfied" or "very satisfied" with their EA+Sed experience and all but one (97.4%) "would recommend" this technique to others.

References

1. Bayshev F, Rutter S. Prolonged epidural anaesthesia for complex flap surgery. *RAPM* 2007; 5(S1): 39
2. Galitzine S., Burumdayal A., Sinczak M., Giele H., McNally M. Combined spinal-epidural anaesthesia with sedation for orthopaedic free gracilis flap surgery with duration of over eight hours: review of 10 successful cases. *EJA* 2012; Vol 29:121-122



Fig. 1-3. The postoperative questionnaire and intraoperative Epi+Sed setting (PCEA, TCI, monitored anaesthetic care)

Conclusion

While the use of EA+Sed for prolonged lower limb orthopaedic surgery is still uncommon, patients' formal feedback following this technique is very reassuring, especially in comparison with their previous GA experience.

These positive findings, in combination with good clinical outcomes, should be taken into consideration when choosing the anaesthetic technique for this type of surgery.

We would advocate EA+Sed as the method of choice in major lower limb orthopaedic surgery.



"I never felt better ...
This is a huge improvement and the only way forward to better understanding the recovery process".
Mr B.M.
November 2012

Fig. 4. Informal (L) feedback to the team at the end of the operation and formal comments (R) in the questionnaire; 6 previous operations.
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