



General anaesthesia vs combined spinal and general anaesthesia for laparoscopic and open hysterectomy: Patient outcomes from a district general hospital

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Abstract:

Background

The current practice at our institution was to undertake elective hysterectomy under general anaesthesia only. We hypothesised that the use of regional techniques may improve patient outcomes.

Methods Cycle 1

40 elective female patients undergoing either laparoscopic (20 patients) or open (20 patients) hysterectomy were prospectively recruited. All patients underwent general anaesthesia only. The outcome measures were anaesthetic time, pain score in recovery, length of inpatient stay and total post-operative opioid use.

Results Cycle 1

Mean averages were calculated. The average anaesthetic time was 30 minutes, the average pain score in recovery was 7/10, the average length of inpatient stay was 26 hours and the average opioid use during the post-operative period was 40mg of morphine.

Conclusion Cycle 1

Using general anaesthesia alone results in high pain scores post operatively, high levels of opioid use and >24 hours length of stay. The addition of spinal anaesthesia to the anaesthetic technique may improve patient outcomes.

Methods Cycle 2

40 female patients undergoing elective laparoscopic (20 patients) or open (20 patients) hysterectomy were prospectively recruited. All patients underwent general anaesthesia with spinal anaesthesia.



Results Cycle 2

The average anaesthetic time was 45 minutes, the average pain score in recovery was 3/10, the average length of inpatient stay was 12 hours and the average opioid use during the post-operative period was 20 mg of morphine.

Conclusion Cycle 2

The addition of spinal anaesthesia improves post-operative pain, reduces the post-operative opioid requirement and reduces the average inpatient stay.

Biography:

Dilhara Karunaratne is a medical doctor who graduated from the University of Birmingham in 2016. She currently works in ENT at Eastbourne District General Hospital

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