CO 8 - THE IMPACT OF NEURAXIAL ANESTHESIA VERSUS GENERAL ANESTHESIA ON HIP FRACTURE PATIENTS

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Introduction: Hip fractures are the most common type of fracture on the elderly with substantial associated mortality and loss of independence. Surgery is indicated for most patients, however which anesthetic management provides better outcomes after hip fracture surgery is not consensual.

Methods: An observational retrospective study was conducted from October 2020 to September 2021 to compare the effects of neuraxial anesthesia with general anesthesia on intra and postoperative periods. The aim was to characterize the patients and their outcomes after different anesthetic techniques. All patients with hip fractures were included. Demographic data, anesthetic procedure, major inpatient medical complications, mortality and length of stay were collected and analyzed.

Results: A total of 108 patients were enrolled: 26 (24.1%) assigned to general anesthesia, 75 (69.4%) to neuraxial anesthesia and 7 (6.5%) to combined neuraxial-general anesthesia. The mean age was 78 years and 75% of patients were women. In regards to physical status**,** 67 (62%) patients were scored ASA III, 24 (22.2%) patients ASA IV, 16 (14.8%) patients ASA II and 1 (0.9%) ASA V. When comparing the number of patients that experienced intraoperative complications (anaemia, hypotension and bradycardia) we found no significant difference between the groups. Delirium occurred in 12 of 75 patients (16%) assigned to neuraxial anesthesia and in 3 of 7 patients (42.9%) in the general anesthesia group. The incidence of postoperative nausea and vomiting, delirium and cardiovascular complications is higher and statistically significant in patients who were assigned to combined neuraxial-general anesthesia, $p<0.01$, $p=0.031$ and $p=0.045$ respectively. The neuraxial anesthesia and general anesthesia did not significantly impact on the major medical complications of the intra and postoperative periods. Mean length of stay was 8.5 days in the general anesthesia group, 10.7 days for combined neuraxial-general anesthesia and 7.9 days for those who underwent neuraxial anesthesia. Incidence of death was similar in all groups. Anesthetic technique did not affect 30 day mortality.

Conclusion: Data herein presented did not demonstrate significant differences between neuraxial anesthesia and general anesthesia. Our results showed that combined neuraxial-general anesthesia is associated with more postoperative complications. Currently, it is need to clarify which anesthetic technique of hip fracture provides better outcomes after hip fracture

surgery. The results presented highlight the relevance of anesthetic technique on the outcomes of hip surgery patients and demand further investigations with more representative groups of the population in question.

References:

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