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COMBINED SPINAL AND GENERAL ANESTHESIA REDUCES INTRA- AND POSTOPERATIVE OPIOID REQUIREMENTS IN PATIENTS UNDERGOING ROBOTIC-ASSISTED LAPAROSCOPIC SACROCOLPOPEXY

Hypothesis / aims of study

The purpose of this study was to compare intra- and postoperative opioid requirements in women undergoing robotic-assisted laparoscopic sacrocolpopexy with combined spinal and general anesthesia and general anesthesia alone.

Study design, materials and methods

The records of 64 women undergoing robotic-assisted laparoscopic sacrocolpopexy between 2008 and 2011 from a single urogynecology practice were reviewed. Patients with combined spinal and general anesthesia were compared to patients with general anesthesia alone. Equivalent analgesic dosages were calculated based on intravenous morphine as a reference. Student's t-test, Mann-Whitney U test, and Fisher's exact test were used where appropriate.

Results

42 women received combined anesthesia and 22 women received general anesthesia alone. The use of intraoperative, intravenous opioids was significantly different between groups: mean (SD) morphine equivalent in the general and combined anesthesia groups was 19.2 (18.2) mg and 9.0 (9.1) mg, respectively ($p=0.004$). In the recovery unit, there was a statistical trend toward more intravenous opioid use in the general anesthesia group compared to the combined anesthesia group, mean (SD) 1.0 (1.5) mg and 0.4 (1.4) mg, respectively ($p=0.11$). The use of patient controlled anesthesia (PCA) was significantly different between groups, 15/22 (68%) in the general anesthesia group and 5/42 (12%) in the combined anesthesia group ($p<0.0001$). Total PCA opioid requirements were mean (SD) 75.0 (61.2) mg and 7.1 (23.6) mg for general and combined anesthesia groups, respectively ($p=0.00004$). There was no difference between groups with respect to age, BMI, prior hysterectomy, concomitant hysterectomy and/or sling, change in hemoglobin, postoperative urinary retention, and median length of stay.

Concluding message

Combined spinal and general anesthesia significantly reduced intra- and postoperative opioid requirements in women undergoing robotic-assisted laparoscopic sacrocolpopexy compared to general anesthesia alone. Scores for postoperative pain were similar between the two groups.

Disclosures

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