

EFFECT OF ANAESTHESIA AND PERIOPERATIVE PAIN MANAGEMENT ON PAIN SCORES AND LENGTH OF HOSPITAL STAY FOLLOWING ABDOMINAL PELVIC FLOOR RECONSTRUCTIVE SURGERY

Hypothesis / aims of study

The enhanced recovery after surgery (ERAS) protocol combines unimodal evidence-based interventions aiming to enhance recovery after surgery and reduce length of stay (LOS). We have assessed the effect of type of anaesthesia and perioperative pain management on postoperative recovery of women undergoing abdominal urogynaecology surgery as means of implementing ERAS in abdominal pelvic floor reconstructive surgery.

Study design, materials and methods

This prospective cohort study was conducted at a tertiary urogynaecology unit. Women undergoing abdominal incontinence and/or prolapse surgery between July 2015 and December 2015 were included in the study.

The type of anaesthetic was either a combined general anaesthetic with subarachnoid spinal block (GA+SAB) or general anaesthetic with local infiltration to wound (GA+LA) administered by 2 independent anaesthetists. All women had patient controlled analgesia (PCA) post-operatively. Data was prospectively collected. The primary outcomes were pain scores at 24 hrs (VAS 1-10) following surgery and length of hospital stay.

Results

24 women underwent abdominal pelvic floor reconstructive surgery. 15 incontinence procedures (12 autologous fascial sling (AFS) and (3 colposuspension) were performed. 5 women underwent sacrocolpopexies for vault prolapse and 4 had a combination of vault suspension and incontinence procedures.

For women who underwent procedures under GA+SAB, the mean pain scores were 5 (range 0-10) for AFS, 8 for colposuspension, 5 (range 0-8) for sacrocolpopexy and 5 for other combined procedures. With GA+LA infiltration, the mean pain scores were 6 (range 3-10) for AFS, 3 (colposuspension), 4 (sacrocolpopexy) and 7 (combined procedures).

The mean duration of length of hospital stay for AFS was 3 days (range 2-6), colposuspension 3 days, sacrocolpopexy 4 days (range 2-5) and combined procedures 3 days (range 3-4) with GA+SAB. For the same procedures done under GA+LA infiltration the mean length of stay was 3 days (AFS), 4 days (colposuspension), 3 days (sacrocolpopexy) and 6 days (combined procedures).

Interpretation of results

The pain scores and the length of hospital stay were comparable between procedures and type of anaesthetic. Women undergoing colposuspension however had less pain with GA+LA infiltration. Due to the complexity of the combined procedures longer hospital stay was observed in these women.

Concluding message

Numbers however are too small to make recommendations. Larger numbers are required to demonstrate any statistical significance. Further studies to compare ERAS for abdominal pelvic floor surgery to other benign gynaecological procedures will be needed to demonstrate the effectiveness of ERAS in pelvic floor reconstructive surgery.

Disclosures

Funding: NONE **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This was a departmental audit that does not require ethical approval. **Helsinki:** Yes **Informed Consent:** Yes