

# Spinal versus general anesthesia in outpatient transobturator tape surgery

## Introduction

Patients with multiple comorbidities proposed for outpatient surgery (OS) may benefit from a regional technique. However, there are no studies comparing and evaluating the effectiveness of different anesthetic techniques in OS. The aim of this study is to compare the effectiveness of different anesthetic techniques in outpatient transobturator tape surgery (TOT).

## Methods

Retrospective study of patients undergoing TOT on an outpatient basis in a 8 month period. Demographic data, duration of anesthesia and primary recovery room, as well as events that increased them, were recorded.

## Results and Discussion

118 patients were evaluated and divided into 2 groups according to the anesthetic technique: Group A (N = 62) - spinal anesthesia (SA) and Group B (N = 56) - balanced general anesthesia (BGA). In respect to demographic characteristics there was a higher prevalence of SA in ASA III ( $p=0.018$ ) and obese patients ( $p=0.005$ ) (Table 1).

**Table 1** – Demographic characteristics

		Group A (n=62)	Group B (n=56)	p
Age (years)		59 ± 14	56 ± 11	0.626
ASA classification (n/%)	I	6 (10%)	2 (4%)	0.277
	II	45 (73%)	52 (93%)	<b>0.007</b>
	III	11 (18%)	2 (4%)	<b>0.018</b>
Obese (n/%)		27 (44%)	11 (20%)	<b>0.005</b>
Duration of phase I recovery (minutes)		168 ± 45	143 ± 30	<b>0.018</b>

There was one insufficient SA case with a dose of 7.5 mg, converted to BGA and recorded as such.

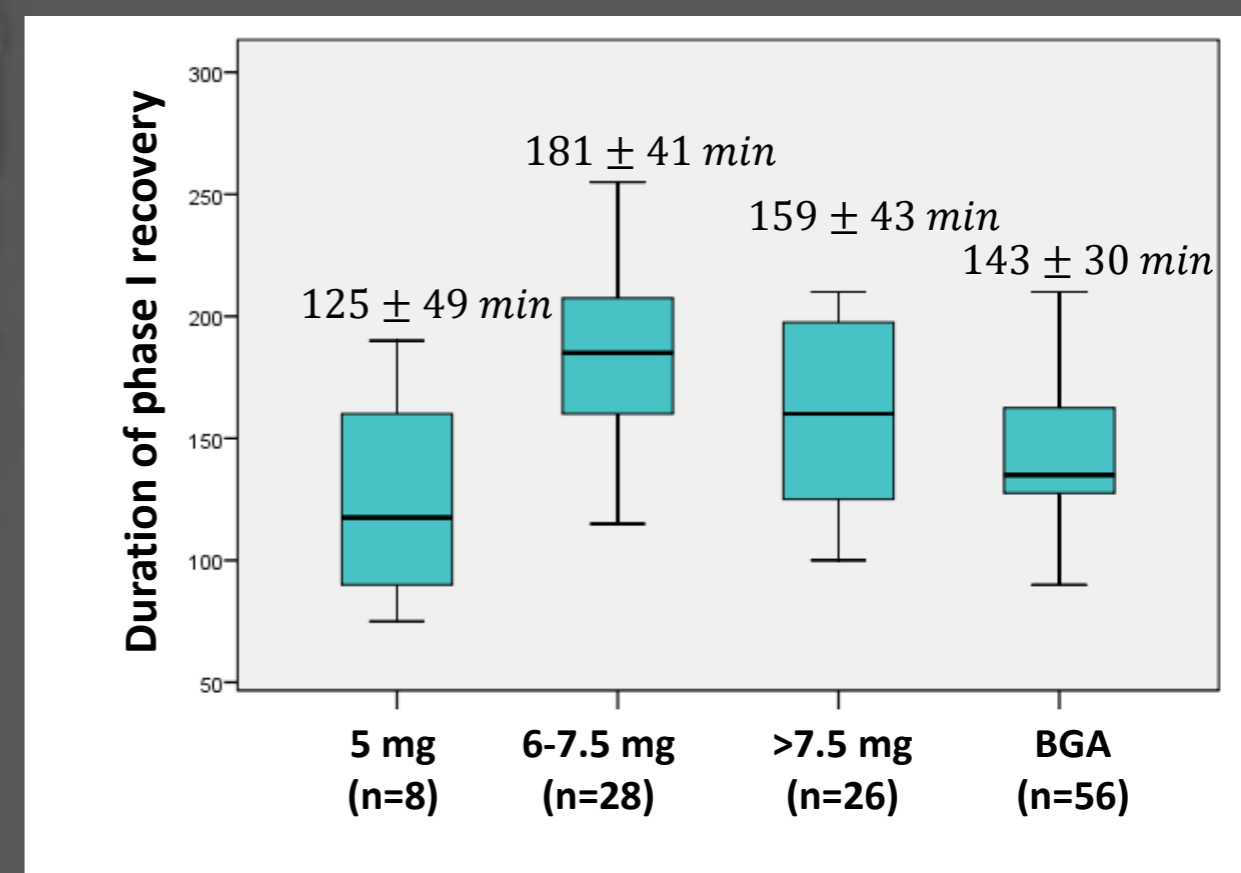
The mean duration of anesthesia was 44 ± 11 min ( $p=0.144$ ).

The average delay until discharge from primary recovery was 158 ± 40 min, being significantly lower in Group B ( $P = 0.018$ ).

The duration of phase I recovery depended on the fulfillment of the White criteria and on the Foley catheter and vaginal plug removal (1-3 hours after surgery, according to surgeon's criteria).

Although the time for motor block reversal has not been evaluated, its persistence may have justified the difference between groups.

In post hoc analysis of the administered doses of hyperbaric bupivacaine in Group A, it was found that the increase of the duration of phase I recovery wasn't verified with doses of 5 mg (125 ± 49 min) (figure 1).



**Figure 1** – Post hoc analysis of the duration of phase I recovery.

There were two events that prolonged primary recovery times: active bleeding in a patient of Group A and nausea and vomiting in a patient of Group B.

## Conclusions

Patients undergoing TOT under SA had significantly higher recovery times compared with patients submitted to BGA. However, this difference was not seen with a dose of 5 mg hyperbaric bupivacaine.

The blockade with a lower dose is a promising alternative, providing greater perioperative pain control, reducing opioid consumption and consequent side effects, without increasing the incidence of complications related to the technique.

