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Does The Use Of A Regional Nerve Block Decrease The Incidence Of Post-Operative Nausea And Vomiting, Decrease Pain Scores, Or Decrease Discharge Time Compared To General Anesthesia Alone?

Abstract
Problem Statement: The use of regional anesthesia in orthopedic surgeries has been shown to decrease the rate of postoperative nausea and vomiting (PONV), postoperative pain, and decrease postoperative discharge time. However, some healthcare facilities continue to provide anesthesia for these procedures without the use of regional anesthesia techniques.
Purpose: The purpose of this capstone project was to determine if the addition of a regional anesthetic technique would be beneficial to the patient and cost efficient to the healthcare facility.
Methods: A retrospective chart review was conducted and data collected on the population of interest. Inclusion criteria were patients undergoing orthopedic surgery of the upper extremity during January 2015 through August 2015, ages 35-65, and patient status classification I, II, or III. A total of 24 charts were reviewed with 12 charts in the general anesthesia group and 12 charts in the regional anesthesia group. PONV, postoperative pain, anesthesia time, and length of stay in the post anesthesia care unit (PACU) were compared between the groups.
Analysis: Unpaired t-tests were used to compare the anesthesia time, PACU length of stay, antiemetic medication requirements, and opioid medication dosage between the two groups. There were no significant differences found between the groups.
Conclusion: This retrospective chart review found no significant differences between the groups related to antiemetic medications, opioid medication dosages, or length of stay in PACU.