Regional vs. General Anaesthesia in Hip Fracture Surgery

Adults who undergo surgery to repair a fractured hip and who receive regional (spinal or epidural) anaesthesia may benefit from slightly shorter hospital stays but not a lower risk of death, compared to those who receive general anaesthesia. The findings of a study, which assessed regional and general anaesthesia effects on hospital stay duration and 30-day mortality, are reported in the 25 June 2014 issue of JAMA.

Regional Versus General Anaesthesia

Hip fractures are a leading cause of functional disability in older adults, and can lead to death. Clinical practice guidelines have called for more widespread use of local anaesthesia for patients undergoing hip fracture repairs, with the goal of reducing complications after surgery.

Researchers at the University of Pennsylvania’s Perelman School of Medicine, led by Mark D. Neuman, MD, MSc, examined the differences between local and general anaesthesia in a set of 56,729 patients aged 50 years or older, who underwent surgical hip repair in New York general acute care hospitals between July 2004 and December 2011. Regional anaesthesia was administered in 28 percent of patients, while 72 percent of patients received general anaesthesia.

No Mortality Benefit of Regional Anaesthesia

Within 30 days of surgery, 3,032 patients (5.3 percent) died. Overall, no significant difference was observed in risk of death based on the type of anaesthesia given to patients. However, those patients who received regional anaesthesia had a modestly shorter length of stay in hospital: approximately half a day less than patients who were treated by the general anaesthesia technique.

The authors write that their findings do not support any benefit in mortality resulting from the use of regional anaesthesia in hip fracture surgeries. The findings could have both practice and policy implications, especially in countries which are considering proposals to increase the use of regional anaesthesia to improve postoperative care for patients with hip fractures.

Source: JAMA

Use of Regional Anesthesia During Hip Fracture Surgery Not Associated With Lower Risk of Death (embargoed for release 24 June 2014) doi:10.1001/jama.2014.6499

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