SOCIETY FOR AMBULATORY ANESTHESIA
Outpatient • Office Based • Non-Operating Room

2022 SAMBA ANNUAL MEETING
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Pro/Con: We should never use narcotics in outpatient procedures

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Disclosure: Baxter International Inc.

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"The modern tendency in anaesthesia is towards specialization, complexity, and polypharmacy. The more drugs are used, the more difficult does it become to attribute changes in the patient to their true cause."

Noel Alexander Gillespie (1904-1955)
British Journal of Anaesthesia 22:192,1950

Reminiscences of Anaesthesiology by Degrandi

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Opioid-Free Anesthesia

Just because we can,

does it mean we should?

3

Opioid-Free Anesthesia Does NOT Reduce Postoperative Opioids

Impact of Enhanced Recovery After Surgery and Opioid-Free Anesthesia on Opioid Prescriptions at Discharge From the Hospital: A Historical-Prospective Study
Brandal D, et al: Anesth Analg 2017; 125: 1784-92

- Reduced intraoperative opioid use did not influence postoperative opioid prescribing
- Need to focus on discharge prescribing practices

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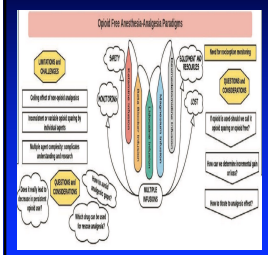
Opioid-Free Anesthesia: Controversies



- Optimal drug combination is unclear
- Optimal drug dosing is unclear
  - Administered as fixed dose infusions
  - Cannot be titrated to patient needs
- Timing of discontinuation is unclear
- Drugs have a ceiling effect with small therapeutic index for safety
- Require equipment, which can be burdensome and costly

Shanthanna H, et al: Anesthesiology 2021; 134: 645-59

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Consensus Guidelines on the Use of Intravenous Ketamine Infusions for Acute Pain Management From the American Society of Regional Anesthesia and Pain Medicine, the American Academy of Pain Medicine, and the American Society of Anesthesiologists

Schwenk ES, et al: Reg Anesth Pain Med 2017

- No role of single bolus dose
- Recommended for opioid-tolerant patients undergoing painful surgical procedures when regional analgesia is not possible
- Adverse effects: hallucinations, nightmares
  - Avidan MS, et al: Lancet 2017; 390: 267-75; Vlisides PE et al: Br J Anaesth 2018; 121: 249-59
- Contraindications: Poorly controlled CV disease, hepatic dysfunction, high intracranial and intraocular pressures, active psychosis, pregnancy

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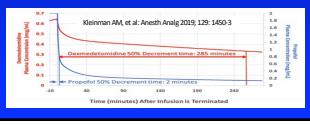
Dexmedetomidine: Not as Safe as You Think

- Promoted as having no respiratory effects
  - Similar upper airway collapsibility as propofol, regardless of level of sedation
  - Can cause upper airway obstruction
- Prolonged risk hypotension requires hemodynamics monitoring after treatment cessation (i.e., PACU and beyond)



Upper Airway Collapsibility during Dexmedetomidine and Propofol Sedation in Healthy Volunteers
A Nonblinded Randomized Crossover Study
Lodenius A, et al, Anesthesiology 2019; 131: 962-73

Discharge Readiness after Propofol with or without Dexmedetomidine for Colonoscopy
A Randomized Controlled Trial
Edokpolo LU, et al: Anesthesiology 2019; 131: 279-86

Perioperative adverse events attributed to α2-adrenoceptor agonists in patients not at risk of cardiovascular events: systematic review and meta-analysis
Demiri M, et al: Br J Anaesth 2019;123:795-807

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Intravenous lidocaine: it's all about a risk-benefit analysis

Intravenous lidocaine: benefits require better evidence, and potential risks apply to all team members
Anaesthesia 2021; 76: 717–722

The use of intravenous lidocaine for postoperative pain and recovery: international consensus statement on efficacy and safety
Foo I, et al: Anaesthesia 2021; 76: 238-50

Do not use at the same time as, or within the period of action of, other LA interventions, particularly nerve blocks

Unlicensed intravenous lidocaine for postoperative pain: always a safer 'licence to stop' than to start
Pandit JJ, McGuire N: Anaesthesia 2021; 76: 156-60

8

Interaction between magnesium sulfate and neuromuscular blockers during the perioperative period. A systematic review and meta-analysis☆
Laura Rodríguez-Rubio Phd, MD[a,b,*], Julian Solís Garcia del Pozo Phd, MD[a,c], Eduardo Nava Phd, MD[d], Joaquín Jordán Phd[a,d]
J Clin Anesth 2016; 34: 1524-34

Influence of the perioperative administration of magnesium sulfate on the total dose of anesthetics during general anesthesia. A systematic review and meta-analysis☆
Laura Rodríguez-Rubio, PhD MD[a,b,*], Eduardo Nava, PhD MD[d], Julián Solís García del Pozo, PhD MD[a,c], Joaquín Jordán, PhD[a,d]
J Clin Anesth 2017; 39: 129-38

Magnesium sulphate enhances residual neuromuscular block induced by vecuronium
British Journal of Anaesthesia 1996; 76: 565–566
T. Fuchs-Buder and B. Tassonyi

Intravenous magnesium re-establishes neuromuscular block after spontaneous recovery from an intubating dose of rocuronium: a randomised controlled trial
Grégory A. Hans, Besongo Bosenge, Vincent L. Bonhomme, Jean F. Brichant, Ingrid M. Venneman and Pol C. Hans
Eur J Anaesthesiol 2012; 29: 95-99

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General anesthetic techniques for enhanced recovery after surgery: Current controversies
Girish P. Joshi, MBBS, MD, FFARSCI, Professor of Anesthesiology and Pain Management *
Best Practice & Research Clinical Anaesthesiology 35 (2021) 531–541

- Opioids remain an integral part of perioperative care because of their high analgesic efficacy
- Opioids reduce propofol and inhalation anesthetic requirements
  - Most of the MAC/propofol reduction occurs at modest opioid doses
    - Egan TD: Br J Anaesth 2019 ;122: e127-e135
- Opioids mitigate hyperdynamic responses to surgical insult
- Opioid-sparing NOT Opioid-free is the best approach

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Multimodal Analgesia: Best Practice

- "Basic" analgesic regimen
  - Acetaminophen + NSAID + Dexamethasone + Local/regional analgesia
- Additional analgesic intervention only if basic analgesics not adequate
- Consider balance of efficacy and adverse event profile of the intervention
- Consider balance between invasiveness of the technique and consequences of pain

Procedure	Oxycodone* 5mg tablets
Laparoscopic Cholecystectomy	10
Open Cholecystectomy	15
Appendectomy - Lap or Open	10
Hernia Repair - Major or Minor	10
Colectomy - Lap or Open	15
Ileostomy/Colostomy Creation, Re-siting, or Closure	15
Open Small Bowel Resection or Enterolysis	20
Thyroidectomy	5
Sleeve Gastrectomy	10
Prostatectomy	10
Laparoscopic Anti-reflux (Hiatus)	10
Laparoscopic Donor Nephrectomy	10
Cardiac Surgery via Median Sternotomy	15
Cesarean Section	15
Breast Biopsy or Lumpectomy	5
Lumpectomy + Sentinel Lymph Node Biopsy	5
Sentinel Lymph Node Biopsy Only	5
Wide Local Excision ± Sentinel Lymph Node Biopsy	20
Simple Mastectomy ± Sentinel Lymph Node Biopsy	20
Modified Radical Mastectomy or Axillary Lymph Node Dissection	30
Carotid Endarterectomy	30
Total Hip Arthroplasty	30
Total Knee Arthroplasty	50
Dental	0

Joshi GP, Kehlet H, et al: Br J Anaesth 2017; 119: 720-2; Joshi GP, et al: Anaesthesia 2019; 74: 1298-1304
opioidprescribing.info

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SUMMARY

- Clinical benefits of opioid-sparing approach outweigh the challenges and limitations associated with opioid-free strategies
  - Benefits of opioid-free strategies are questionable and there are concerns of potential adverse effects
- Optimal multimodal technique should include combination of acetaminophen, NSAID, dexamethasone and loco/regional analgesia with opioids used for rescue

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