



SAMBA 2021 OBA Virtual Symposium

Office-Based Anesthesia: Principles of Patient Selection

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Disclosures: NIH, AHRQ, NSF, APSF, FAE, Department of Defense, Mallinckrodt, Merck, AcelRx, Medtronic/Covidien, Acacia, Takeda

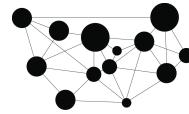


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OBA Patient Selection

Patient Selection is also contingent on the following factors:

1. Conditions of the facility
2. Procedure planned/complexity
3. Medical condition of the patient
4. Skill of the surgeon/proceduralist
5. Skill/experience of the anesthesiologist
6. Anesthetic technique required



Adopted from: Koch ME, Dayan S, Barinholtz D. Office-based anesthesia: an overview. *Anesthesiol Clin North America*. 2003 Jun;21(2):417-43.

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OBA Closed Claims: What We Do Know

- Female (65%), middle-age (46 + 18 yrs.), and generally healthy (79% ASA 1-2).
- More likely to involve plastic surgery (45%) vs other outpatient claims (18%).
- Eye surgery was common (16% of OBA).
- Many cases involved respiratory or equipment AEs.
- Single most common adverse event leading to injury: inadequate ventilation or oxygenation (17% vs. 6% other outpatient, p=0.003).
- Cautery fires occurred in 9% of OBA claims (same as other outpatient). Outcomes did not differ between groups, with death 27% and permanent disabling injury in 17% of OBA claims.
- Care was more commonly substandard in OBA claims (52%) vs. other outpatient claims (37%).
- OBA claims were more likely to result in payment (72%) than other outpatient (56%, p=0.014, Fig). Payments were similar between OBA (median \$135,800) and other outpatient claims (\$211,500).

Twersky R, Posner KL, Domino KB. Liability in Office-Based Anesthesia: Closed Claims Analysis. *Anesthesiology*. A2078, 2013.



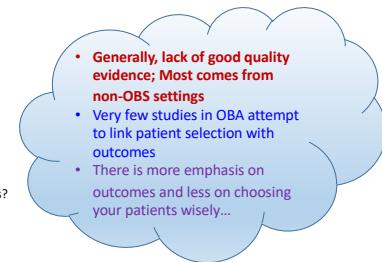
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Patient Selection: What's Important?

Do we have any evidence for the OBS (vs. other ambulatory settings):

- Patients at risk for DVT/PE?
- Social/psychological History?
- Cognitively Impaired
- Morbid obesity?
- OSA/ COPD?
- Renal or Liver Disease?
- CAD?
- HTN?
- Substance use/Chronic pain?
- DM?
- Airway issues?
- Multiple drug allergies/side effects?
- MH-susceptible?
- No adult escort

Shapiro FE, ... Urman RD. Anesth Analg 2014;119:276-85



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Ways To Improve Safety and Patient Selection Process... Are we being complacent?

1. **Communication** (effective communication between the anesthesia provider and surgeon)
2. **Set exclusion criteria** (this may vary based on the office type)
3. **Develop red flags**
4. All patients should fill out a **preliminary anesthesia questionnaire**, no exceptions
5. Questionnaires should be reviewed by the anesthesia provider
6. Telephone interviews
7. Use recommendations made by the different professional medical societies
8. Education and **Benchmarking**

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