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A survey of surgeons' attitudes to regional anesthesia

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Introduction: Patient preference for anesthesia is determined by the input of many health professionals. Surgeons have an important influence upon patient preference. This survey was therefore designed to determine surgical attitudes regarding regional anesthesia and perceived barriers to its performance.
Methods: A postal survey of 768 Canadian orthopedic surgeons, consisting of multiple choice questions, fill-in-the-blank questions, and mock clinical scenarios. Anesthetic preference was investigated by asking respondents to choose from a list of anesthetic techniques both for themselves, and for a healthy patient, for a range of surgical procedures including trigger finger release, arthroscopic shoulder surgery, ACL repair, and both knee and hip arthroplasty, Perceptions of regional anesthesia were examined by a 5 point Likert scale of agreement with certain statements. Factors influencing anaesthetic choice were examined by categorization of responses.
Results: A total of 768 questionnaires were sent out and 357 were returned, a response rate of 46%.
91% of respondents were male, with the majority (82%) aged between 35 and 55. 94% had completed their orthopedic training in Canada and 66% had been in practice for more than 10 years. 46% of respondents directed their patient's choice of anesthetic. 43% of all respondents directed their patients to choose a regional anesthetic technique. The majority of respondents had considerable exposure to regional anesthesia (80% having 10 years or more exposure). The main sources of knowledge about regional anesthesia were from residency and fellowship training (54%), clinical work (35%), and from anesthetic colleagues (35%). Surgeons seem to be aware of the benefits of regional anesthesia for lower limb arthroplasty, expressing a preference for regional techniques in 68 % of knee arthroplasties, and 56% of hip arthroplasties.
There was generally good agreement between the technique chosen for themselves and their patients. The biggest difference was seen for ACL repair where 66% of surgeons would choose a regional technique for themselves, compared to only 44% for their patients. Surgeons strongly agreed that regional anesthesia was associated with a lower risk of thrombosis, less postoperative sedation, and better postoperative pain control, and was safer for high risk patients. They strongly disagreed that regional anesthesia was more time efficient. Reassuringly they tended to disagree that regional anesthesia was less successful than general anesthesia.
When asked why they favored regional anesthesia, the main reasons sited were less postoperative pain (32%), decreased incidence of nausea and vomiting (13 %), less sedation/confusion (9 %), lower incidence of medical complications (11%), increased patient satisfaction (8%) and safety (14%). The principal reasons for not favoring regional were delay to the operating list (45%) and unpredictable success (14%).
Summary: This survey does not support the perception that surgeons are biased against regional anesthesia, with many surgeons actively directing patients towards regional anesthetic techniques.
The benefits of regional anesthesia appear to be understood. Barriers to increased popularity include perceived delay and lack of reliability. In order to increase the practice of regional anesthesia we should develop practical ways of performing blocks quickly and effectively. This may require organizational changes to operating department practice as well as the development of the individual anesthetists' skills.

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