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Peripheral nerve block (Pnb) versus general anesthesia (Ga) for outpatient knee arthroscopy

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Introduction: Knee arthroscopy is a relatively common ambulatory surgery procedure yet there is no consensus on the preferred anesthetic technique. In this study we compare the use of PNB and GA for outpatient knee arthroscopy.

Methods: After IRB approval and informed consent, patients scheduled to undergo knee arthroscopy were randomized to receive either "fastrack" GA (midazolam, fentanyl, propofol, N₂O/O₂/Desflurane via LMA) or a peripheral nerve block (lumbar plexus/sciatic block with 3% chloroprocaine). Patients receiving PNB were premedicated with midazolam (up to 4 mg) and alfentanil (500-750µg) prior to block placement and an IV propofol infusion was allowed during the procedure. All anesthetics were induced in the operating room.

Results: A total of 51 patients were enrolled; 25 patients received general anesthesia and 26 a PNB. One patient in the PNB group was excluded because of inadequate anesthesia requiring GA. The groups did not differ in age or ASA physical status.

Table 1

	PNB	GA
Induction Time (min)	12 ± 6	8 ± 5
Surgery Time (min)	32 ± 7	31 ± 7
Total OR Time (min)	97 ± 37	91 ± 42
Home Readiness (min)	131 ± 62*	205 ± 94
Discharge Time (min)	162 ± 74*	226 ± 96
PACU Bypass (%)	72*	24
Post-Op VAS Pain Score <2 (%)	84*	52
Mean ± SD		
*p<0.05		

Discussion: When performed by experienced anesthesiologists, lumbar plexus/sciatic block using a short-acting local anesthetic (3% chloroprocaine) was associated with a superior recovery profile compared to "fastrack" GA in patients having outpatient knee arthroscopy.