

Oral Abstracts

Key Session 4

[O49] ANAESTHESIA FOR COMPLEX BONE INFECTION PATIENTS: KEEP IT SIMPLE

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Nuffield Orthopaedic Centre specialises in surgery for patients with bone infection such as lower limb osteomyelitis (LLOM). Anaesthesia for these complex and prolonged orthoplastic procedures plays a crucial role in ensuring successful outcome. For free flap surgery, in particular, specific anaesthetic objectives include avoiding situations such as vasoconstriction due to poor perioperative pain relief, surges of blood pressure, and/or hypoxaemia.

In our centre, epidural anaesthesia and analgesia (EA) are very much advocated for “free flap” operations, both by surgeons and anaesthetists. In the past EA was usually combined with general anaesthesia and artificial ventilation (EA+GA), due to perceived discomfort to the patient and possible surgical difficulties during prolonged “awake” surgery. However, since 2007 we have growing experience of successful prolonged operations in supine position under a “simple” technique of EA+Sed as opposed to EA+GA. In our series of ca. 70 patients with orthoplastic procedures of mean duration over nine hours, there were no postoperative ITU admissions and anaesthesia related complications. There were no free flap failures. One patient requiring a revision of the venous anastomosis within 24hrs of initial surgery had it done successfully under an epidural “top-up”.

The main observed benefits of EA+Sed include reliable effective neuraxial anaesthesia without risks associated with prolonged GA or incomplete postoperative epidural analgesia. Over the years, EA+Sed for LLOM surgery has received very positive informal feedback from surgeons, anaesthetists and nursing staff. Most importantly, a recently completed study showed overwhelming positive formal assessment of patients’ experiences and outcomes.

Our tips for the successful anaesthesia for this type of surgery will be discussed, including strategies to minimise sedation and discomfort of prolonged surgery. Based on our experience, we recommend EA+Sed as a “simple” technique of choice for complex LLOM surgery. Good teamwork between the anaesthetists, surgeons and the patient are the keys to success.