

Rachianesthésie en chirurgie de jour : contra

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Pourquoi ?

- Buts de la chirurgie de jour
 - Sortie rapide/définitive sans douleur ni nausées
- Dangers de la rachianesthésie
 - Hypotension/bradycardie...arrêt cardiaque
- Inconvénients de la rachianesthésie en chirurgie de jour
 - Rétention urinaire, rebond douloureux au réveil
- Contre-indications de la rachi en chirurgie de jour
 - Patients, horaires

Comparaison différents modes d'anesthésie en chirurgie de jour

Table 3. Effects of Central Neuraxial Block Versus General Anesthesia on Ambulatory Surgical Patients

Outcome	n	Number of trials	Central neuraxial block* (mean)	General anesthesia* (mean)	OR or WMD** (95% confidence interval)	P value
Anesthesia induction time (min)	384	7	17.8	7.8	8.1 (4.1 to 12.1)	0.0001
PACU time (min)	476	10	56.1	51.9	0.42 (-7.1 to 7.9)	0.91
VAS in PACU (mm)	563	7	12.7	24.4	-9 (-15.5 to -2.6)	0.006
Nausea	637	12	5%	14.7%	0.40 (0.15 to 1.06)	0.06
Phase 1 bypass	218	4	30.8%	13.5%	5.4 (0.6 to 53.6)	0.15
Need for postoperative analgesics	716	11	31%	56%	0.32 (0.18 to 0.57)	0.0001
Time until discharge from ASU (min)	839	14	190	153	34.6 (13 to 56.1)	0.002
Excellent patient satisfaction	709	11	81%	78%	1.5 (0.8-23.1)	0.45

OR = odds ratio; WMD = weighted mean difference; * weighted by subject number; ** weighted by inverse variance; PACU = postanesthesia care unit; ASU = ambulatory surgical unit; POD = postoperative day; VAS = visual analogue scale.

15 randomized controlled trials with 1003 patients were included for meta-analyses.

Liu, S. S. et al. *Anesth Analg* 2005;101:1634-1642

Comparaison différents modes d'anesthésie en chirurgie de jour

Table 4. Effects of Peripheral Nerve Block Versus General Anesthesia on Ambulatory Surgical Patients

Outcome	n	Number of trials	Peripheral nerve block* (mean)	General anesthesia* (mean)	OR or WMD** (95% confidence interval)	P value
Anesthesia induction time (min)	329	6	19.6	8.8	8.1 (2.6 to 13.7)	0.0001
PACU time (min)	308	6	45.2	72	-24.3 (-36.3 to -12)	0.0001
VAS in PACU (mm)	359	7	9.6	35.8	-24.5 (-35.7 to -13.3)	0.0001
Nausea	319	6	6.8%	30%	0.17 (0.08 to 0.33)	0.0001
Phase 1 bypass	329	6	81%	315	14.3 (7.5 to 27.4)	0.0001
Need for postoperative analgesics	259	6	6.2%	42.3%	0.11 (0.03 to 0.43)	0.001
Time until discharge from ASU (min)	328	6	133.3	159.1	-29.7 (-75.3 to 15.8)	0.2
Excellent patient satisfaction	158	4	88%	72%	4.7 (1.8 to 12)	0.001

OR = odds ratio; WMD = weighted mean difference; * weighted by subject number; ** weighted by inverse variance; PACU = Postanesthesia care unit; ASU = ambulatory surgical unit; POD = postoperative day; VAS = visual analogue scale.
7 randomized controlled trials with 359 patients were included for meta-analysis.

Liu, S. S. et al. *Anesth Analg* 2005;101:1634-1642

En pratique

- **AG antiémétique :**
 - ↓morphiniques, propofol
- **Analgésie balancée**
 - Ains, paracétamol perop
 - Ketamine-midazolam
 - clonidine
- **AG "assistée"**
 - locale-sédation, alr-sédation, rachi-sédation
- **ALR**
 - Teaching, organisation

Exemples à la clinique St-Jean

- Cure hernie inguinale, épigastrique
- curetage
- Chirurgie du pied
- Arthroscopie du genou
- Autre orthopédie
- Stripping varices

Conclusion

- Réserver la rachianesthésie pour des indications strictes
 - Chirurgie douloureuse en postopératoire
 - Site difficile d'accès pour l'alr
- Unilatéral, low dose...quitte à "assister"
- Tôt dans la journée