

SURVEY OF SPINAL DIAMORPHINE DOSE FOR LAPAROSCOPIC COLORECTAL SURGERY

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INTRODUCTION

Spinal analgesia is the most commonly used regional analgesic technique across UK for laparoscopic colorectal surgeries¹.

Spinal analgesia with diamorphine has been shown to be associated with early mobilization, reduced length of stay (LOS) and reduced rate of complications².

The dose of diamorphine used intrathecally is however not standardised and there is a wide variation.

AIMS

The survey aims to evaluate the variation in dose of spinal diamorphine used in laparoscopic colorectal surgeries , the evidence base for the same and the level of postoperative monitoring utilised.

METHODS

We conducted an online survey of anaesthetic practise across various NHS trusts in UK.

Survey link: <https://www.surveymonkey.com/r/GV5NTS2>.

The link was sent by email to all the schools of anaesthesia and a few anaesthetic departments in UK on a random basis.

Total of 27 hospitals were contacted between December 2016 and February 2017.

RESULTS

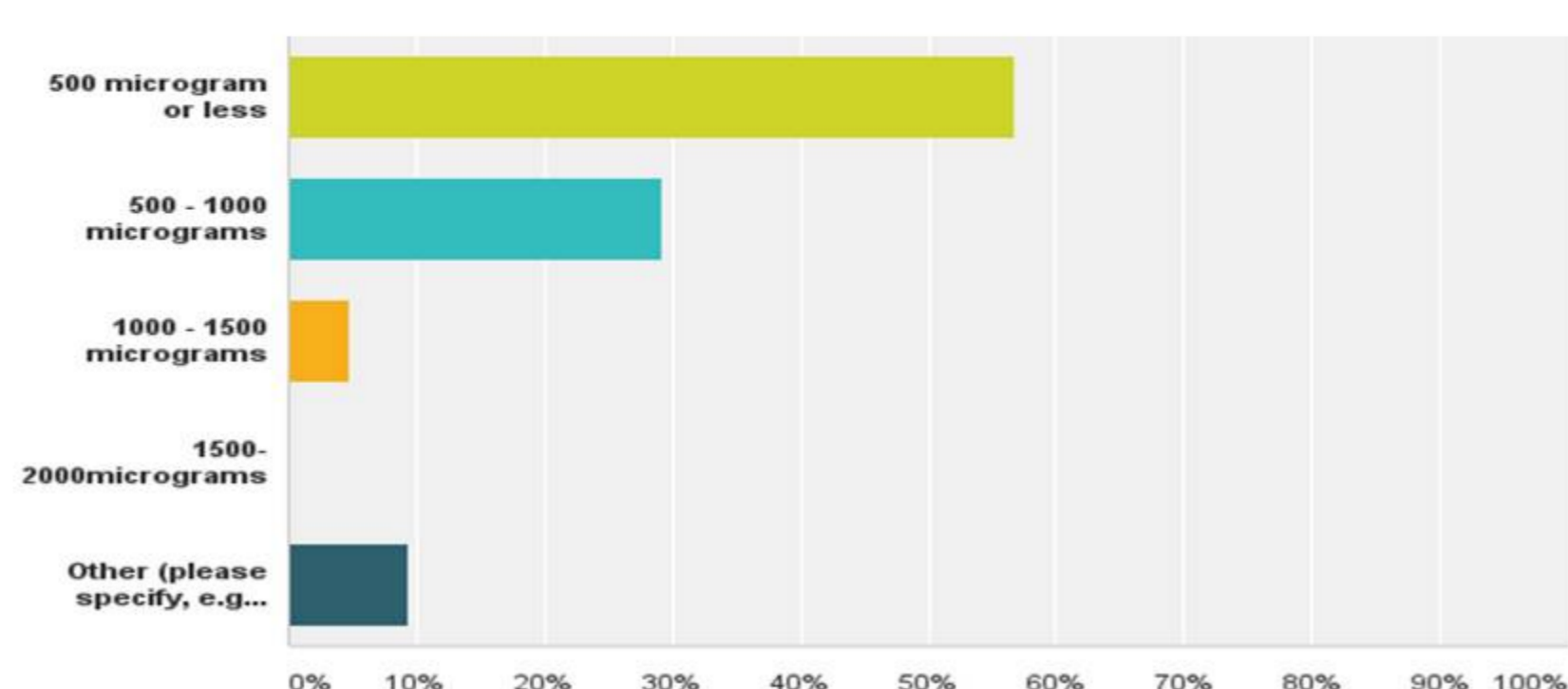
We received 140 responses from 27 hospitals in UK during the survey period of two months.

Highlights:

- Majority of respondents (82%) used Spinal analgesia as the regional technique of choice for laparoscopic colorectal surgeries.
- Most (56%) used a dose 500 mcg or less of diamorphine intrathecally.
- 28% of respondents used a dose of 500 - 1000 mcg diamorphine intrathecally.
- Anaesthetists involved in colorectal list regularly tend to use higher dose of diamorphine and also aware of some evidence for the same.

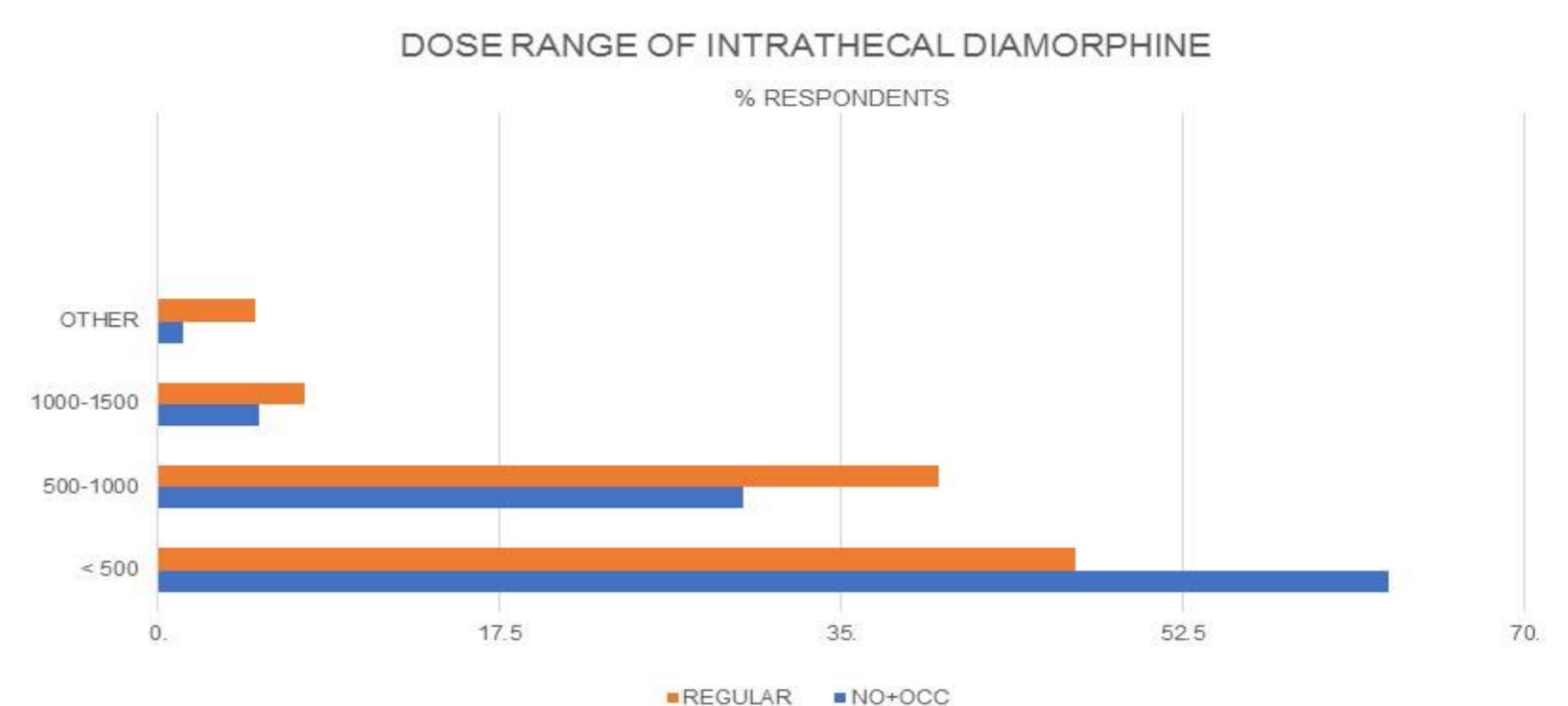
What is the Dose of Diamorphine used in Spinal Anaesthesia?

• Answered: 128 Skipped: 12



NOTE: The work is being presented at ERAS UK conference and SETSA meeting separately

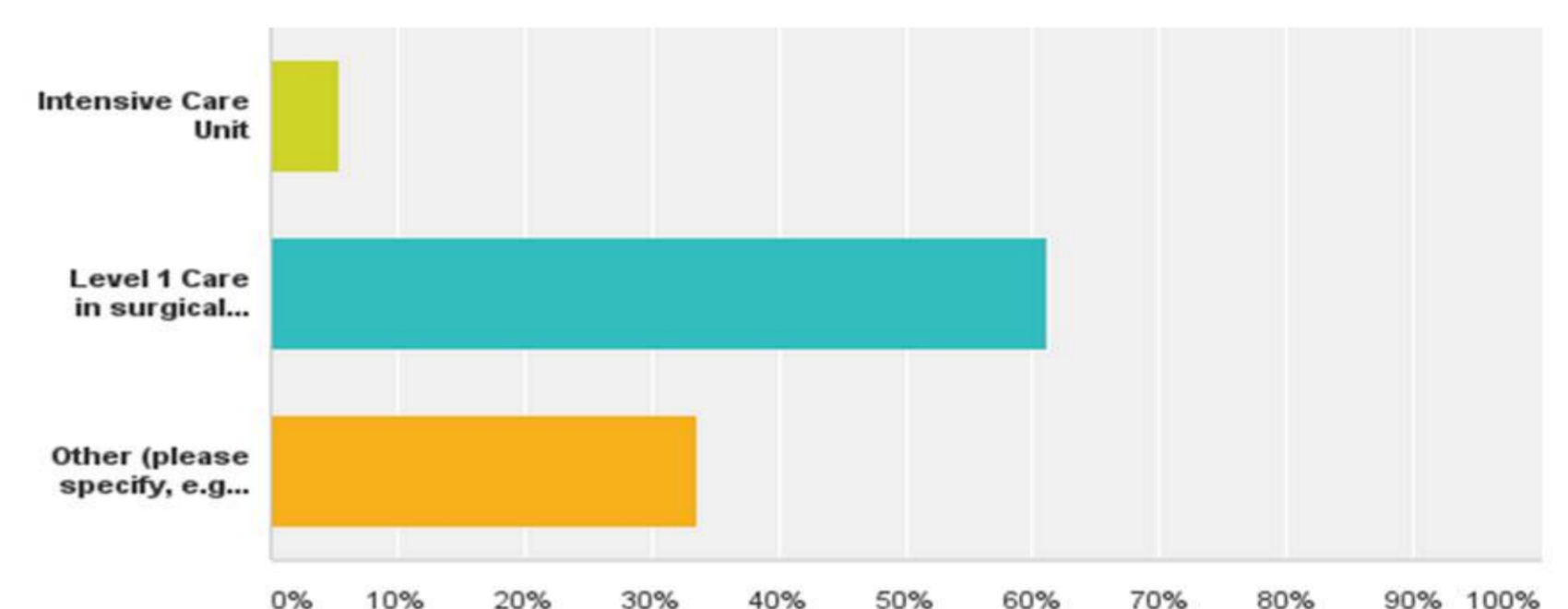
Practice of those doing regular colorectal list



- Majority (70%) of respondents said they did not know of any evidence or calculations for the dose of diamorphine used.
- Majority (61%) of respondents admitted the patients (who had spinal diamorphine) to a level 1 care in surgical ward.

If patient has spinal analgesia (with diamorphine) , Where is the patient admitted post operatively ?

Answered: 132 Skipped: 8



- Respiratory depression was a major concern but was not reported by any of the respondents.
- Pruritus was the main problem reported and was dose dependent

CONCLUSION

Our survey demonstrated a wide variation in dose of intrathecal diamorphine used for colorectal surgeries and also the level of care utilised postoperatively (Surgical ward vs ITU/HDU).

The ASA Task force³ recommend assessing individual patients for risk of developing respiratory depression before deciding on the intrathecal opiates or dosage. They suggest the use of lowest effective dose to prevent respiratory depression and also monitor postoperatively for the same..

While the optimal dose of spinal diamorphine is yet to be established we feel it is essential to have national or local guidelines for perioperative management of patients having high dose spinal diamorphine.

REFERENCES

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3. Practice Guidelines for the Prevention, Detection, and Management of Respiratory Depression Associated with Neuraxial Opioid Administration: An Updated Report by the American Society of Anesthesiologists Task Force on Neuraxial Opioids and the American Society of Regional Anesthesia and Pain Medicine. Anesthes 2016;124(3):535-552