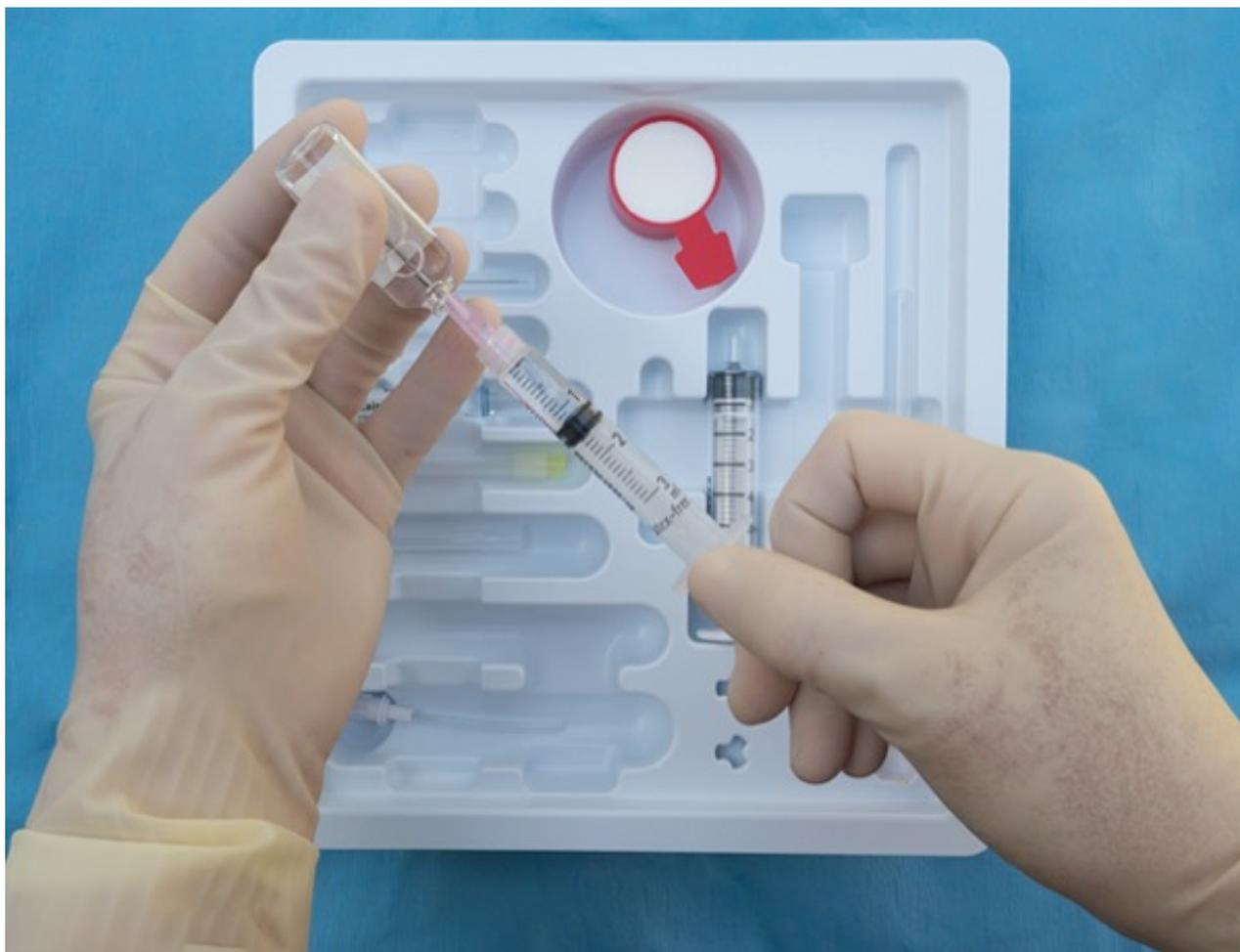


Pandemic Reveals Benefits of Regional Anesthesia



Like many of their patients, physicians all over the world have had their lives shaken and sometimes devastated by COVID-19. But if the pandemic has had any silver lining, it has come in the form of increased recognition and appreciation for the services that regional anesthesiologists provide.

As Jennifer Noerenberg, MD, discussed during the 2020 joint international e-Congress of the American Society of Regional Anesthesia and Pain Medicine and the European Society of Regional Anaesthesia & Pain Therapy, although regional anesthesiology has

been vastly affected by the pandemic, not all of it has been bad.

“I’ve approached many of my colleagues around the world and asked them what regional anesthesia has meant for them during COVID-19,” said Noerenberg, a partner physician at the Southern California Permanente Medical Group in San Diego. “Almost unanimously, they mentioned how much the pandemic has brought regional anesthesia to the forefront because it has allowed them to provide anesthesia while avoiding airway manipulation for many procedures that otherwise would have required general anesthesia.”

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Avoiding General Anesthesia One Goal

With that in mind, Noerenberg explained that there are three primary goals when choosing regional over general anesthesia, beginning with the safety of patients and health care workers. Providing reliable surgical conditions is another equally important objective, she noted.

“We want to make sure we’re providing a block that is reliable, so we’re not converting to general anesthesia, if at all possible,” Noerenberg said.

Preserving respiratory function is the third goal when regional anesthesia is chosen in place of general anesthesia, but this can prove challenging in the wake of certain peripheral nerve blocks.

“We need to make sure that the patients aren’t confused about symptoms after their surgery,” she explained. “So, if they have a brachial plexus block and have some postoperative shortness of breath, they may think they’ve been exposed to the virus during their surgery. So it’s important that we address those concerns beforehand.”

Like any form of anesthesia administered in the COVID-19 era, practical preparation is the key to safe regional anesthesia. According to Noerenberg, this includes access to adequate supplies of personal protective equipment, which take on added importance when regional cases are converted to general anesthesia. Adequate preparation and sterilization of reusable equipment and common surfaces, both before and between cases, also are vital.

Preoperative assessment and intraoperative management are important parts of ensuring safe and effective regional anesthesia during the pandemic. “We first need to make sure that these patients are appropriate for surgery and that this is something that truly needs to get done now, particularly if there’s any concern about infectious spread,” Noerenberg said. “Intraoperatively, we need to make sure we have the most reliable anesthetic plan so that there’s very little conversion to general anesthesia.”

Optimal management can be bolstered by considering the nuances of the procedure and the block at hand.

“When we’re choosing the procedure, we need to make sure that we’re performing the most effective block with the most reliable local anesthetic,” Noerenberg explained. “We need to select what’s going to work and make sure we test it before the surgery begins, and then also ensure you have a plan for any block complications, especially if it’s a failed block and you need to change course.”

In the end, ensuring the safety and efficacy of regional anesthesia is largely the product of anesthesiologists’ preparation and diligence. Yet as Noerenberg concluded, these are steps taken anytime, although they are particularly important during the COVID-19 pandemic. “Make sure you think about all of these things any time you’re doing a procedure,” she said.

A Wake-Up Call

The well-being of practitioners and patients was also front of mind with Nabil M. Elkassabany, MD, who noted that the joint ASRA-ESRA practice recommendations on neuraxial anesthesia and peripheral nerve blocks (<https://bit.ly/3slGoYy>) have proven invaluable during the pandemic. Yet as Elkassabany explained, the pandemic’s fallout has been much farther reaching.

“I know many regional anesthesiologists who were hit very hard by the pandemic because their volume was primarily dependent on elective procedures,” he said in an interview with *Anesthesiology News*. “With the shutdown of elective procedures, some practices have had to lay people off and others closed.

“In this way, the pandemic was almost a wake-up call for everybody,” said Elkassabany, an associate professor of anesthesiology and critical care at the Hospital of the University of Pennsylvania, in Philadelphia. “It really made people start to pay attention to themselves and their families.

“I think this is something that will forever be associated with COVID-19,” he said.

—*Michael Vlessides*

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