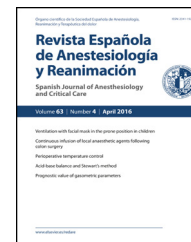




# Revista Española de Anestesiología y Reanimación

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## BRIEF REPORT

### Current practice in regional anaesthesia in South America: An online survey<sup>☆</sup>



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#### KEYWORDS

Anaesthesia;  
Regional anaesthesia;  
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block;  
Survey

#### Abstract

**Objective:** A survey was conducted in order to obtain a profile of the practice of regional anaesthesia in South America, and determine the limitations of its use.

**Methods:** After institutional ethics committee approval, a link to an online questionnaire was sent by e-mail to anaesthesiologists in Argentina, Bolivia, Chile, Colombia, Panamá, Paraguay, Perú, and Uruguay. The questionnaire was processed anonymously.

**Results:** A total of 1260 completed questionnaires were received. The results showed that 97.6% of the anaesthesiologists that responded used regional anaesthesia in clinical practice, 66.9% performed peripheral nerve block (PNB) regularly, 21.6% used continuous PNB techniques, and 4.6% used stimulating catheters. The primary source of training was residency programmes. As regards PNB, the most common performed were interscalene (52.3%), axillary (45.1%), femoral (43.2%), and ankle block (43%). As regards the localisation technique employed, 16% used paraesthesia, 44.2% used a peripheral nerve stimulator, and 18.1% ultrasound guidance.

**Conclusions:** Regional anaesthesia and PNB are commonly used among South American anaesthesiologists. Considering that each country has its own profile for use, this profile should guide training in clinical practice, especially in residency programmes.

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**PALABRAS CLAVE**

Anestesia;  
Anestesia regional;  
Bloqueo de nervio  
periférico;  
Encuesta

**Práctica actual de la anestesia regional en América del Sur: encuesta en línea****Resumen**

**Objetivo:** El objetivo de este estudio fue describir el perfil de utilización y las limitaciones del uso de la anestesia regional en países de América del Sur.

**Métodos:** Tras la aprobación del comité de ética institucional, se envió un enlace a una encuesta en línea por e-mail a anestesiólogos de Argentina, Bolivia, Chile, Colombia, Panamá, Paraguay, Perú y Uruguay. La encuesta se procesó de forma anónima.

**Resultados:** Se recibieron un total de 1.260 cuestionarios completos. El 97,6% de los anestesiólogos encuestados refiere utilizar anestesia regional en su práctica clínica habitual, el 66,9% realiza bloqueos de nervio periférico (BNP) con regularidad, el 21,6% usa técnicas de BNP continuo y un 4,6% usa catéteres estimulantes. La principal fuente de formación fueron los programas de residencia. En cuanto a los BNP más usados, los más comunes son el interescaénico (52,3%), el axilar (45,1%), el femoral (43,2%) y el de tobillo (43%). En cuanto a la técnica de neurolocalización, el 16% utiliza parestesia, el 44,2% estimulador de nervio periférico y un 18,1% ultrasonografía.

**Conclusiones:** La anestesia regional y los BNP son de uso común entre los anestesiólogos de América del Sur. Cada país tiene su propio perfil de utilización y sus propias limitaciones para su uso. Dicho perfil debe ser tomado en cuenta a la hora de planificar las distintas formas de entrenamiento, en especial los programas de residencia.

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**Introduction**

The past decade has seen growing interest in the use of regional anaesthesia, a valid alternative to postoperative analgesia,<sup>1</sup> with high levels of patient satisfaction and few complications.<sup>2</sup>

Although regional anaesthesia has been recommended by the South American Confederation of Anaesthesiology Societies and the Latin American Regional Anaesthesia Society, the use and limitations of these techniques and the training available in South America has not been determined. A survey of US resident anaesthesiologists conducted in the 1990s showed that regional anaesthesia was used in only 30% of all cases.<sup>3</sup>

The aim of this study, therefore, has been to conduct a multinational, voluntary anonymous response survey to determine the current extent of regional anaesthesia in South America. The findings of the study will highlight strengths and weaknesses in the use of regional anaesthesia and help improve training programmes.

**Methods**

After obtaining the approval of the hospital's ethics committee, a member of the Latin American Regional Anaesthesia Society in each country (Argentina, Chile, Bolivia, Peru, Brazil, Uruguay, Colombia, Mexico, Panama and Paraguay) was contacted and invited to act as country coordinator, in order to disseminate the survey in as many South American countries as possible. A secure link giving access to an online questionnaire created using the SurveyMonkey®

website was sent to each country coordinator, who then distributed the survey among the member's of his or her anaesthesiology society. A second invitation to take part in the survey was sent one month later. The questionnaire comprised 20 multiple-choice questions exploring different aspects related to the use of regional anaesthesia, particularly peripheral nerve block (PNB). For the purpose of this study, the term regional anaesthesia encompasses both neuroaxial blockade and PNB.

In order to achieve meaningful results in each country, a minimum country-specific sample size was calculated. Each sample size was based on the total number of potential respondents (all the anaesthesiologists included in the mailing lists of each society), considering a 5% margin of error and 95% confidence interval, and using a sample size calculator designed specifically for surveys.<sup>4</sup> Data are shown as frequencies and percentages. The frequency with which upper and lower extremity nerve blocks were performed was compared using the McNemar chi-square test. A *p* value of <0.05 was considered statistically significant. Data were analysed using the R statistical software, version 2.11 (<http://www.r-project.org>).

**Results**

A total of 1260 completed questionnaires were returned. The overall minimum sample size (based on the sum total of all names on the mailing list of each anaesthesiology society) was 1316; therefore, the final sample size was 96% of the overall minimum. The sample size required, the number of respondents per country and the total number of subjects polled are shown in Table 1. Peru and Bolivia did not

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