Anesthesia techniques for Carpal Tunnel Syndrome Surgery in the Netherlands

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Background and Goal

- Carpal tunnel syndrome (CTS) surgery can be performed with or without an anesthesiologist attending.
- If an anesthesiologist is present, there are various approaches to provide anesthesia for this procedure.
- This study explores current anesthetic practice for CTS surgery.

Materials and Methods

- Electronic survey questionnaire, distributed in electronic newsletters of two Dutch anesthesiology associations.
- Questions regarding frequency of anesthesia for CTS surgery, and technical aspects of anesthesia techniques.

Results

Frequency of CTS surgery in main operating complex

Anesthesia Technique for CTS

Clinical aids used for blocking brachial plexus in CTS surgery

- Responses from 58 anesthesiologists working in 38 different clinics
- Representative of approximately 43% of official Dutch hospital organizations.
- Carpal tunnel surgery regularly is done in the main operating complex in 60.3% of clinics.
- Anesthesiologist is involved in 84% of cases
- 76% of our respondents used 25ml or less of local anesthetics, with mepivacaine 1,5% and ropivacaine 0,75% being the most popular.

Preferred approach for blocking Brachial Plexus

Axillar BPB: reasons

Supraclavicular BPB: reasons

Conclusions

- In more than half of the clinics studied, carpal tunnel surgery is done in the main operating room with an anesthetist attending.
- The BPB is the most performed anesthesia technique.
- This study could be useful in the development of future guidelines.