

# **Title: Approaching a New Aeon of Regional Anaesthesia for Spine Surgery**

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## **Abstract**

The COVID-19 pandemic has turned out to be an eye-opener for the entire medical fraternity. It has further caused Anaesthesiologists to shift gears from general to regional anaesthesia to prevent aerosol generation and OT (operation theatre) pollution; thereby protecting the OT environment and its staff from further exposure and contamination. It has moreover proven beneficial in conducting a hassle-free and safe anaesthesia for patients and surgeons alike.

During the Covid-19 pandemic, a case study with 178 patients posted for lumbar spine procedures was conducted to prove the pros and cons of regional vs general anaesthesia. Wherein, 86 received General anaesthesia (GA) and 92 Spinal anaesthesia (SA). Appropriate statistical analysis was applied to identify differences in blood loss, operative time, time from entering the operating room (OR) until incision, time from bandage placement to exiting the OR, total anaesthesia time, PACU time, and total hospital stay. Secondary outcomes of interest included incidence of postoperative spinal hematoma and death, incidence of paraparesis, paraplegia, paraesthesia, post-Dural puncture headache, signs of meningism, urinary retention and other perioperative complications among the SA patients.

It was concluded that SA is effective for use in patients undergoing elective lumbar spine surgeries and very efficient alternative technique to general anaesthesia. Spinal anaesthesia offers efficient operating room functioning with decreasing overall operation theatre time and shown to be the more convenient anaesthetic choice in the perioperative setting.

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