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Peripheral Nerve Blocks Associated with Reduced Hospital Length of Stay and Increased Likelihood of Home Discharge After Pilon Fracture Fixation

¹George Washington University, Department of Orthopaedics, ²Johns Hopkins Department of Orthopaedic Surgery, ³Department of Orthopaedic Surgery, Virginia Commonwealth University

Background

- Peripheral nerve blocks have allowed earlier mobilization and shorter length of stay in the context of arthroplasty [1], [2]
- Early mobilization minimizes post-operative stiffness, post-traumatic arthritis, DVT, and pulmonary complications [3], [4]
- □ Aim: Examine the effect of peripheral nerve blocks on hospital length of stay (LOS) and discharge location in patients with tibial plafond fractures

Methods

- □ Identified patients with pilon fractures from 2010-2020 using the PearlDiver Database □ Stratified according to:
 - □ Fracture type (open vs. closed)
 - □ Nerve block type (sciatic vs. femoral)
 - Discharge locations (home vs. secondary facilities)
- **Univariate analysis**-demographics, comorbidities, and discharge location (Table 1)
- □ **Multivariate logistic regression**-adjustment factors with p-values <.2

Major Findings

- □ 16,204 patients sustained pilon fractures (2,313 open, 13,891 closed)
- □ 3,433 received sciatic nerve block, 2,981 received femoral nerve block **Reduced LOS with any form of nerve block (Table 2)**
- □ **Home discharge more likely with any form of peripheral nerve block (Table 3)**
 - More likely in patients with closed fracture and peripheral nerve block
- □ No difference in nerve block location for open fractures □ Multivariable analysis confirmed that patients with closed pilon fractures who received a peripheral nerve block had a higher likelihood of being discharged home (Table 4)

Discussion

- **Q** Regardless of fracture severity, perioperative nerve blocks reduced length of hospital stay
- □ Patients with closed fractures were more likely to discharge home
- Orthopedic trauma surgeons should consider providing peripheral nerve blocks to patients with pilon fractures
- □ Minimizing LOS and need for skilled rehabilitation reduces adverse health outcomes, nosocomial infections, and healthcare costs.

Avilash Das¹, MD; Rachel Ranson¹, DO; Amy Zhao¹, BA; Jeffrey Kruger¹, BA; Alex Gu¹, MD; James Debritz¹, MD; Savyasachi Thakkar², MD; Gregory Golladay³, MD

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Results

								I						
			Peripheral				Col	ntrol	Sciati	c Nerve	Block	Femore	al Nerv	e Block
	Control		Nerve Block				Time		Time			Time		
	n	%	n	%	P-value		(Days)	SE	(Days)	SE	P-value	(Days)	SE	P-value
Total	15264		3678			A 11								
Age	47.314		46.982		<0.001			0.001	C 0 0 1		0.001			0.001
Male	7250	47.50%	1712	46.55%	0.309	Fracture	7.059	9.931	6.021	5.885	<0.001	6.205	5.964	<0.001
Female	8014	52.50%	1966	53.45%	0.309	Closed								
harlson						Erocturo	6 627	10 076	5 200	5 5 1 2	~0 001	5 165	5 961	~0 001
norbidity						riacture	0.037	10.070	5.000	5.545	<0.001	5.405	3.001	<0.001
Index	1.579	0.01%	1.469	0.04%	<0.001	Open								
estive Heart						Fracture	9 1 2 4	9 1 5 7	7 599	7 033	0.0322	8 595	7 395	<0.001
Failure	1584	10.38%	263	7.15%	<0.001	Tractare				7.033		0.375	1.575	
hythmias	4595	30.10%	1047	28.47%	0.054	Table 2: ANOVA analysis comparing length of stay amongst patients who								
lar Disease	1823	11.94%	371	10.09%	0.002	Itterveu			S. Contra	<i>/</i> 1				
ulm Circ							Co	ntrol	Sciati	c Nerve	Block	Femore	al Nervo	e Block
isorders	839	5.50%	168	4.57%	0.027						P-			P-
ripheral							n	%	n	%	value	n	%	value
lar Disease	2103	13.78%	432	11.75%	0.001	All								
eumatoid						Fracture	1796	11.77%	334	9.73%	0.003	291	9.76%	0.002
Arthritis	1217	7.97%	293	7.97%	1.000	Closed								
pertension	4851	31.78%	1086	29.53%	0.009	Fracture	1591	11.45%	278	9.76%	0.007	203	9.53%	0.010
aralysis	563	3.69%	78	2.12%	<0.001	Open							11.48	
Chronic						Fracture	326	14.09%	61	9.69%	0.1427	48	%	0.1765
lmonary						Table 3: Univariate analysis comparing rates of home discharge								
Disease	4270	27.97%	986	26.81%	0.162	amongst patients who received a peripheral nerve block vs. control								
othyroidism	2445	16.02%	602	16.37%	0.622		S	ciatic No	rve Block		Femoral Nerve Blo			ock
nic Kidney								Lower	Upper			Lower	Upper	
Disease	1693	11.09%	332	9.03%	<0.001		Odds	95%	95%	P-	Odds	95%	95%	P-
gulopathy	788	5.16%	168	4.57%	0.151		Ratio	CI	CI	value	Ratio	CI	CI	value
uid and						All								
ectrolyte						Fracture	0.845	0.805	0.887	<0.001	0.847	0.804	0.891	<0.001
isorders	4733	31.01%	1083	29.45%	0.058	Closed								
ood loss			1000			Fracture	0.831	0.784	0.881	<0.001	0.801	0.749	0.856	<0.001
nemia	647	4 24%	151	4 11%	0753	Table 1.	Multivo	rioto one	lysis co	mnoring	rotos of	homo die	chorgo	
ficiency		1.2170				amongst	patient	s who rec	ceived a	peripher	al nerve	block vs	. control	
nemia	2029	13 79%	431	11 72%	0.012	0	1							
hol ahuse	380	2 /10%	90	2/15%	0.012	1. Fraser, T. W America 48(4	V., & Doty, J.	F. (2017). Per https://doi.org/	ripheral Nerve /10/1016/i/ocl	e Blocks in Fo I 2017 06 008	ot and Ankle S	Surgery. Ortho	pedic Clinics	of North
nor abuse	2751	18 07%	760	2.4570		2. Memtsoudio	s, S. G. Coz	owicz. C. Rek	ceris. J. Beke	ere. D Lin T	Soffin. F. M	Mariano E F	R., Johnson R	. L Go. G
vchosos	1005	6.580/	201	5.46%		2. Mentsoudis, S. G., Cozowicz, C., Bekens, J., Bekere, D., Elu, J., Sonni, E. M., Mariano, E. K., Johnson, R. E., Go, G., Hargett, M. J., Lee, B. H., Wendel, P., Brouillette, M., Kim, S. J., Baaklini, L., Wetmore, D. S., Hong, G., Goto, R., Jivanelli, B., Sharrock, N. E. (2021). Peripheral nerve block anesthesia/analgesia for patients undergoing primary hip and knee arthroplasty: Recommendations from the International Consensus on Anesthesia-Related Outcomes after Surgery (ICAROS) group based on a systematic review and meta-analysis of current literature. Regional Anesthesia and Pain								
proceion	5600	26.75%	-201	30.2004										
bosity	2009	30.75% 17.20v	144J 652	39.29%	0.004	Medicine, 46(11), 971–985. https://doi.org/10.1136/rapm-2021-102750								
molting	2043	17.32%	1000	17.75%		3. Kelkar, K. V. (2015). Post-operative pulmonary complications after non-cardiothoracic surgery. Indian Journal of Anaesthesia, 59(9), 599–605. https://doi.org/10.4103/0019-5049 165857								
moking	384/	25.20%	1069	29.06%	<0.001	 4. Thordarson, D. B. (2000). Complications After Treatment of Tibial Pilon Fractures: Prevention and Management Strategies. JAAOS - Journal of the American Academy of Orthopaedic Surgeons, 8(4), 253–265. 								
tes Mellitus	3053	20.00%	652	17.73%	0.002									

 Table 1: Demographics and comorbidities amongst patients with
 pilon fractures





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