

## Thoracic epidural anaesthesia (TEA) reveals benefits in patients undergoing radical prostatectomy

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# **Thoracic epidural anaesthesia (TEA) reveals benefits in patients undergoing radical prostatectomy**

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**Background and goal of study:** Patients requiring prostatectomy are often aged and have coexisting cardiopulmonary diseases <sup>[1]</sup>, increasing the risk of perioperative complications. The aim of the present study was to evaluate our perioperative anaesthesiological regimen over the last 4 years in terms of safety and patients' comfort.

**Material and methods:** Records of 433 patients who underwent radical prostatectomy (rPE) between 1994 and 1998 in our hospital were retrospectively reviewed. Patients were divided into those who received general anaesthesia (GA) alone, a combination of lumbar epidural anaesthesia (LEA) + GA or TEA + GA. This study was performed according to the Helsinki Declaration.

**Results:** Demographic data (age, BMI, ASA classification, HR, MAP) were comparable among the groups.

Intraoperative data: [TABLE 1](#)

rPE (n=433)	GA (n=186)	LA+GA (n=119)	TEA+G (n=128)
Fentanyl [mg·h <sup>-1</sup> ]	0.20 ± 0.01	0.14 ± .01 ***	0.11 ± 0.01 ***
Tachycardia [phases]	8	4 **	2 **
Hypertension [phases]	76	8 ***	2 ***

[Table](#)

Postoperative data: [TABLE 2](#)

Postoperative data:			
Onset bowel sounds [h]	50.6 ± 0.8	39.3 ± 3.1 ***	33.8 ± 1.1 ***
ICU stay [h]	72.5 ± 2.6	70.0 ± 2.7 ***	63.3 ± 2.7 ***
Length of stay [d]	12.4 ± 0.4	11.1 ± 0.3 **	11.5 ± 0.3 ***

\*P<0.05; \*\*P<0.01; \*\*\*P<0.001 vs. GA ANOVA

[Table](#)

Complications: [TABLE 3](#)

Complications:			
pulmonary	18 (19.1%)	21 (17.6%) **	10 (7.8%) **
PONV	21 (21.3%)	9 (7.6%) **	7 (5.5%) **

\*\*P<0.01 vs. GA  $\chi^2$ -test.

[Table](#)

**Conclusion:** Combination of GA and epidural anaesthesia, especially TEA, appears to improve perioperative care of patients undergoing major abdominal surgery in terms of patients safety and comfort.

## Reference:

1 Litz R, Bleyl JU, Frank M, Albrecht DM. Combined anaesthesia procedures. *Anaesthesist* 1999; **48**: 359-372.