

00167      **Current Anaesthetic Practices for Elective Endovascular Abdominal Aneurysm Repair in a Tertiary Hospital in Singapore**

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**Aims:** Endovascular abdominal aneurysm repair (EVAR) is a procedure that has been gaining popularity worldwide due to its tolerability, lower mortality and morbidity, and shorter hospital stay. However, there is no consensus on the ideal anaesthetic technique for this procedure. We conducted a survey in order to capture a snapshot of the current practices amongst the consultants in Singapore and examine the factors that will influence their choice of anaesthetic technique.

**Methodology:** Between June to Nov, 2017, we undertook a questionnaire survey examining the anaesthetic practices amongst the consultants for EVAR. A Google Forms survey link was sent to all associate consultants and above for them to respond.

**Result:** 90 consultants participated in our survey. In our survey we found that GA with ETT insertion was the most frequently used anaesthetic technique. Only 6.7% would not insert an intra - arterial (IA) line routinely. Out of those who would not insert an IA line, a high likelihood of aneurysm rupture was the most important consideration for IA line insertion. 70% of participants would not insert a central venous catheter (CVC) routinely. Of those who did not insert a CVC routinely, presence of severe cardiovascular disease and high likelihood of aneurysm rupture were the most important considerations for CVC insertion. 42% would consider RA. Of those who would consider RA, a low likelihood of aneurysm rupture was the most important determinant for choosing RA technique. 53% would consider LA and the most influential reason for their choice is the cooperativity of the patient. 38.9% would not routinely intubate patients under GA. The determining factor for intubation is the high likelihood of aneurysm rupture.

**Conclusion:** The results of the survey led us to conclude that anaesthetic practice amongst the consultants for elective EVAR is variable and non - evidence based.