

# No outcome differences based on anesthesia team make-up

18 July 2018



teams with nurse anesthetists.

"Our results suggest that physician supervision is able to ensure the same outcomes regardless of the team member's differences in training and background," Sun said in a statement.

One author is employed by the American Society of Anesthesiologists.

**More information:** [Abstract/Full Text](#) (subscription or payment may be required)

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(HealthDay)—Anesthesia care team composition is not associated with surgical outcomes, according to a study recently published in *Anesthesiology*.

Eric C. Sun, M.D., Ph.D., from Stanford University in California, and colleagues retrospectively analyzed national claims data for 443,098 publicly insured elderly patients (aged 65 to 89 years) who underwent inpatient surgery (between 2004 and 2011). The authors sought to assess whether the specific anesthesia care team composition (physician [anesthesiologist](#) plus [nurse](#) anesthetist or anesthesiologist assistant) was associated with differences in perioperative outcomes.

The researchers found that adjusted mortality for care teams with anesthesiologist assistants was 1.6 percent, compared to 1.7 percent for care teams with nurse anesthetists ( $P = 0.47$ ). Care teams with anesthesiologist assistants were associated with non-statistically significant decreases in length of hospital stay ( $P = 0.89$ ) and medical spending ( $P = 0.70$ ), compared to care

APA citation: No outcome differences based on anesthesia team make-up (2018, July 18) retrieved 24 April 2021 from <https://medicalxpress.com/news/2018-07-outcome-differences-based-anesthesia-team.html>

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