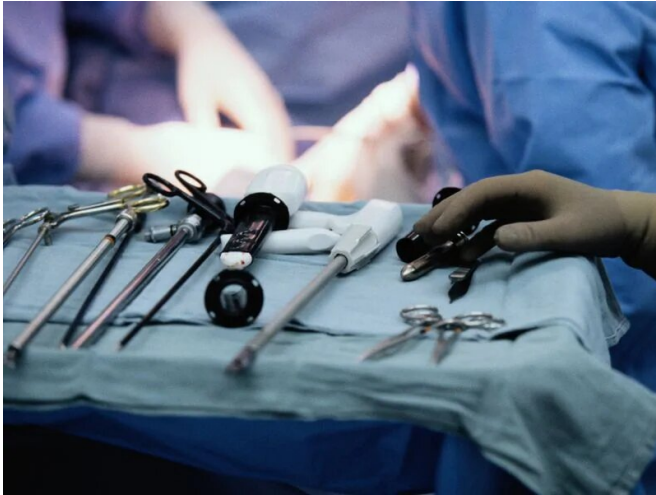


Choice of spinal anesthesia key to early ambulation after THA

1 May 2020



who received HB (odds ratio [OR], 4.1; P = 0.001) or IB (OR, 10.4; P patients in the other groups.

"Patients who received MEP spinal [anesthesia](#) were more likely to ambulate early and be discharged on the day of surgery and MEP spinal anesthesia should be considered in appropriate outpatient THA candidates," the authors write.

More information: [Abstract](#)
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Mepivacaine (MEP) spinal anesthesia allows for earlier ambulation for patients undergoing total hip arthroplasty (THA) compared with the more commonly used bupivacaine, according to a study accepted for the Regional Anesthesia & Acute Pain Medicine Meeting, which was canceled due to COVID-19.

Andrew Mendelson, M.D., from Thomas Jefferson University Hospital in Philadelphia, and colleagues analyzed data for 154 patients undergoing primary elective THA who could walk 10 feet without human assistance. Patients were randomly assigned to mepivacaine (MEP; 50 patients), isobaric bupivacaine (IB; 49 patients), or hyperbaric bupivacaine (HB; 55 patients).

The researchers found that the greatest percentage of patients met the primary endpoint of ambulation at 3.5 hours after spinal placement in the MEP group, followed by the HB and then IB groups. Patients randomly assigned to MEP were more likely to ambulate at 3.5 hours versus those

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