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General Anesthesia Versus Spinal Anesthesia in Tibial Plateau Open Reduction Internal Fixation: An ACS NSQIP Analysis 2008-2016

Anesthesia (either via the general or spinal technique) can have different implications for diverse patient populations in the context of a tibial plateau open reduction internal fixation (ORIF). This study is addressing the data deficiency for purporting a particular anesthesia method. Data was aggregated from the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) database between 2008 and 2016 (n= 3115) for all tibial plateau ORIF procedures with the appropriate CPT codes and were categorized (into general vs isolated spinal anesthesia groups) and controlled for risk factors. While morbidity rates, post-operative complications, and risk factors did not differ significantly between the anesthesia groups (p>0.05), operative time with spinal anesthesia was significantly shorter (p=0.034) and general anesthesia patients were more than likely to have anemia (54.7% vs. 42.5%, p=0.020). With the significantly lower operative time, the spinal anesthesia technique may be favorable for tibial plateau ORIF procedures, but further multifactorial investigations are recommended.