

Enhancing operating room efficiency and patient  
outcomes:  
The impact of preoperative neuraxial ultrasound in  
cesarean deliveries

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# Background and Hypothesis



The operating room (OR):

40% of hospital costs  
60–70 % of hospital revenue

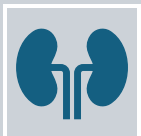


Prolonged epidural procedures and multiple attempts in the OR could cause:

Surgical delays  
Increased patient discomfort  
Risks to patient safety  
Decrease in OR inefficiency with cost implications.



**Primary objective:** Assess if utilizing pre-procedure neuraxial US in the holding area can enhance the efficiency of obstetric OR by reducing the time and attempts needed to perform an epidural.



**Secondary objective:** Evaluate the potential to improve patient comfort, safety, and satisfaction.

# Study Methods Summary

Category	Details
Guidelines & Approval	<ul style="list-style-type: none"><li>- Reported per SQUIRE 2.0</li><li>- IRB-approved prospective QI study (informed consent waived)</li></ul>
Setting & Population	<ul style="list-style-type: none"><li>- Academic tertiary hospital (Miami, FL)</li><li>- Jan–Mar 2022</li><li>- 98 parturients (≥ 18 years) undergoing elective C-section with CSE</li></ul>
Sample Size	<ul style="list-style-type: none"><li>- Target: Reduce mean epidural insertion time by 30% (14.2 min → 10 min)</li><li>- Power: 90%, Confidence: 95%</li><li>- Total: 94 patients (49 per group)</li></ul>
Groups & Intervention	<p><b>Ultrasound Group (U):</b></p> <ul style="list-style-type: none"><li>- Pre-op spinal ultrasound (sitting position)</li><li>- Marked entry point + measured dura depth</li></ul> <p><b>Palpation Group (P):</b></p> <ul style="list-style-type: none"><li>- Standard landmark palpation in OR</li></ul>
Key Variables	<ul style="list-style-type: none"><li>- <b>Demographics:</b> Age, comorbidities</li><li>- <b>Temporal:</b> In-room time, procedure time, ART, OR time</li><li>- <b>Procedural:</b> Depth of epidural space, neuraxial attempts, pain score (1–10), satisfaction (1–10)</li></ul>
Procedure Protocol	<ul style="list-style-type: none"><li>- CSE performed by PGY-2 residents (supervised)</li><li>- Ultrasound group: Initial attempt at marked point; palpation allowed if failed</li><li>- Control group: Palpation only</li></ul>
Data Collection	<ul style="list-style-type: none"><li>- Circulating nurse recorded timings</li><li>- Post-op patient surveys (pain/satisfaction)</li></ul>
Statistical Analysis	<ul style="list-style-type: none"><li>- Descriptive stats (medians, percentages)</li><li>- Mann-Whitney U tests (non-normal data per Shapiro-Wilk)</li><li>- No blinding (open-label)</li></ul>

Summary of measure of interest for patients receiving an ultrasound for epidural placement vs. those not receiving an epidural ( $n = 98$ ).

Measure	Group		Non-Ultrasound (n = 49)	p-value	
	Ultrasound (n = 49)*				
	mean ± SD	median (IQR)			
BMI	32.43 ± 6.21	31.48 (29–35)	31.82 ± 4.97	31 (29–34)	0.751
Age at Surgery (years)	32.58 ± 4.02	31.98 (29.57–35.40)	32.78 ± 4.44	33.22 (30.25–35.81)	0.82
Height (cm)	162 ± 5.8	162 (158–166)	162.4 ± 6.55	162 (159–166)	0.677
Weight (kg)	85.23 ± 17.03	82 (74–95)	84.81 ± 15.74	82 (75–95)	0.842
No. of Attempts	1.49 ± 1.06	1 (1–2)	2.49 ± 1.89	2 (1–3)	< 0.001*
Reported Backpain (Scale)	0.286 ± 0.65	0 (0–0)	1.86 ± 2.04	1 (0–3)	< 0.001*
Patient Satisfaction (Scale)	9.33 ± 1.16	10 (9–10)	7.92 ± 2.23	9 (7–10)	< 0.001*
Duration of Epidural Placement (min)	8.61 ± 3.88	9 (6–10)	14.59 ± 7.05	13 (10–19)	< 0.001*
In-Room Anesthesia Ready Time (min)	23.37 ± 6.69	22 (19–28)	37.61 ± 28.07	31 (27–36)	< 0.001*
In-Room Sitting-Up Time (min)	3.67 ± 2.29	3 (2–4)	5.9 ± 3.22	5 (4–7)	< 0.001*
Total OR Time (min)	126.4 ± 29.01	122 (108–144)	144.7 ± 35.77	140 (121–164)	0.004*
Sitting-Up Anesthesia Ready Time (min)	19.69 ± 5.91	18 (16–25)	31.71 ± 27.4	25 (22–32)	< 0.001*

\* Denotes statistically significant *p*-value. \*Height (cm) has  $n = 48$  for Ultrasound group.

# Key Findings & Implications of Preoperative Ultrasound for CSE

## Statistically Significant Improvements with Ultrasound (Group U vs. Group P)

Metric	Outcome	Clinical Impact
Procedure Duration	↓ Shorter in Group U ( $p < 0.05$ )	Faster epidural placement, enhanced OR efficiency
Number of Attempts	↓ Fewer in Group U ( $p < 0.05$ )	Reduced risk of complications (hematoma, infection, nerve damage)
Anesthesia Ready Time (ART)	↓ T4 dermatomal level achieved faster ( $p < 0.05$ )	Quicker surgical readiness
Total OR Time	↓ Significant reduction ( $p < 0.05$ )	Cost savings (~\$100s/procedure) and improved throughput
Post-Procedural Back Pain	↓ Lower pain scores in Group U ( $p < 0.05$ , Fig. 1)	Enhanced patient comfort
Patient Satisfaction	↑ Higher in Group U	Fewer attempts + less pain + shorter OR time