

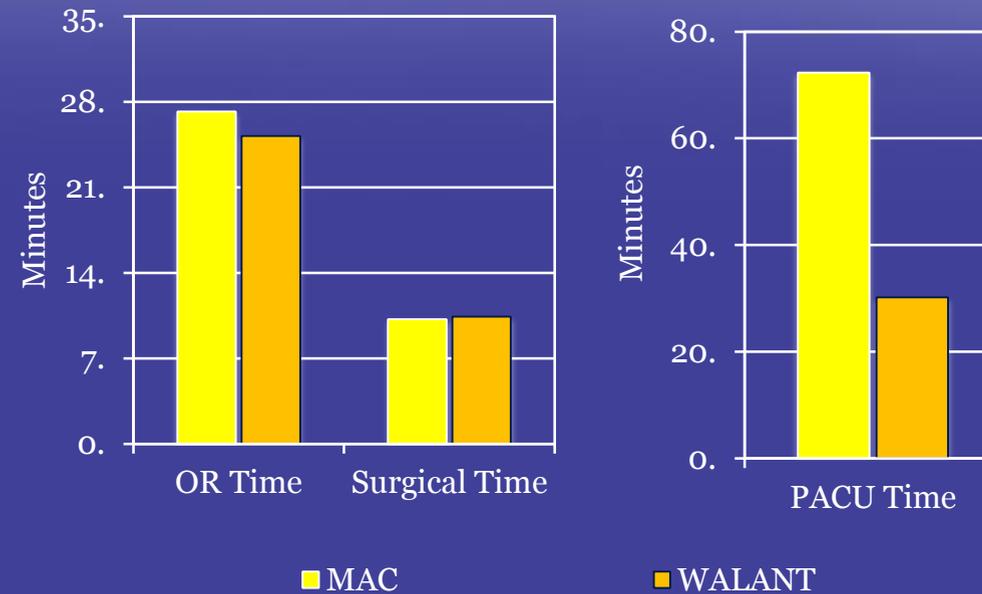
### INTRODUCTION

There has been recent growing interest in wide awake hand surgery, also referred to as “wide awake local anesthesia no tourniquet” (WALANT) surgery. One of the purported benefits is less cost due to the elimination of pre-operative diagnostic evaluation as well as less operative and hospital time. However, little is known of the objective potential economic benefits. Using a model of single trigger finger release surgery, a hypothesis was made that WALANT surgery would result in decreased hospital time and cost than patients receiving sedation with monitored anesthetic care (MAC).

### METHODS

All consecutive cases of single trigger finger release surgery performed between 2010-2012 with MAC, were compared with all consecutive cases performed between 2013-2014 with WALANT. All surgeries were performed in the same manner, at the same facility, and by the same surgeon. Total operating room time, surgical time, and recovery time were compared and statistically analyzed. Anesthesia charges were estimated at 3 base units for CPT 01810 and 1.8 time units with the 2013 national average conversion factor of 21.9243.

### TABLES AND FIGURES



### RESULTS

A total of 78 patients met the inclusion criteria, 31 with MAC and 47 with WALANT. Patients in the MAC group had an average total OR time of 27.2 minutes, while the WALANT group averaged 25.2 minutes ( $p > 0.05$ ). The surgical time in the MAC group was 10.4 minutes, while the WALANT group averaged 10.2 minutes ( $p > 0.05$ ). Post-operatively, patients in the MAC group spent an average of 72.3 minutes in the recovery room prior to discharge, compared to 30.2 minutes in the WALANT group ( $p < 0.01$ ). We estimated that each case performed under MAC had excess charges secondary to anesthesia of approximately \$105.

### CONCLUSION

Patients undergoing single trigger finger release surgery under WALANT demonstrated a trend of less time in the operating room as well as surgical time from incision to closure, compared to MAC. Patients undergoing single trigger finger release surgery under WALANT spent significantly less time in the recovery room post-operatively, compared to MAC. Each case performed under MAC instead of WALANT had excess anesthesia charges of \$105, which is an underestimate as it excludes material and fixed costs associated with the delivery of anesthesia. Avoiding use of anesthesia services for high volume procedures such as trigger finger surgery may result in significant systemic annual savings to payers, and in the future with bundling and episode based payments may become increasingly important to facilities and surgeons.

### REFERENCES

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