Non Opiod Analgesic Agents for Colorectal Surgery Patients
Colorectal Anaesthesia Group –UK, Survey 2

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This presentation gives the results of a survey done on behalf of the Colorectal Anaesthesia Group -UK.
Survey forms were distributed to 115 delegates at the 6th Annual Colorectal Anaesthesia Group- UK meeting held in Manchester in April 2016. The questionnaire asked delegates about the frequency of their colorectal anaesthesia practice, their current use of Non Opiod Analgesic Agents (NOAA) and specifically their use of NOAA for colorectal surgical patients. It also asked whether they thought NOAA had a role in enhanced recovery and whether or not their hospital had guidelines for the use of NOAA as part of enhanced recovery in colorectal surgical patients.
There were 7 questions to be answered, and a table into which delegates were asked to give details of their use of Non Opiod Analgesic Agents preoperatively, intraoperatively , postoperatively day 1 and postoperatively day 2.

83 forms from 115 delegates were returned on the day.

Results from analysis were as follows:
67% used NOAA for colorectal surgery.
36% used NOAA routinely, 33% used NOAA randomly.
It was the opinion of 51% that NOAA have a role for enhanced recovery for colorectal surgery patients.
16% answered that NOAA were part of a guideline for enhanced recovery after colorectal surgery in their hospital.

In the table in which delegates were asked to put details of NOAA they used commonly, 51 entered data, which could be further analysed.
The number of participating delegates who used NOAA's commonly for colorectal patients was as follows: Gabapentin 12, Pregabalin 10, Clonidine 12, Dexmedetomidine 0, Ketamine 28, Lidocaine 7, Magnesium 13, Dexamethasone 39. The presentation will give details from delegates' answers of doses and timing of NOAA used.