



ESRA ITALIAN CHAPTER

30° NATIONAL MEETING

Presidents:

Giuseppe Servillo, Fabrizio Fattorini

13-15 NOV 2025

NAPOLI
HOTEL RAMADA

REGIONAL
ANAESTHESIA:
LET'S OPEN
THE BORDERS



Reading for real: how to critically interpret a scientific article

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DISCLOSURE

☐	No, nothing to disclose
☐	Yes, please specify:

<i>Company Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Ownership/ Equity Position</i>	<i>Employee</i>	<i>Other (please specify)</i>

Before AI

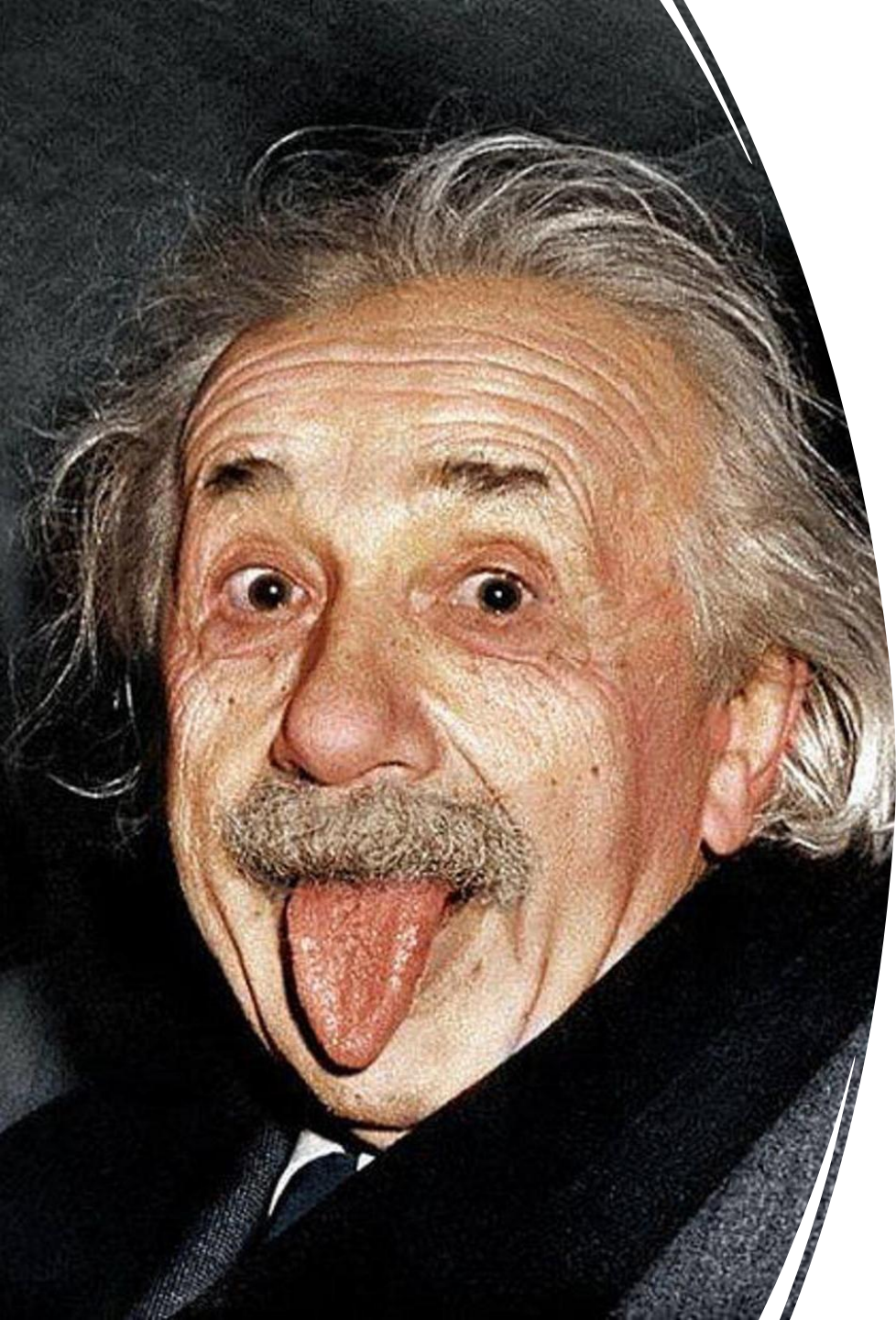


✓ **AI-Assisted Image Editing**



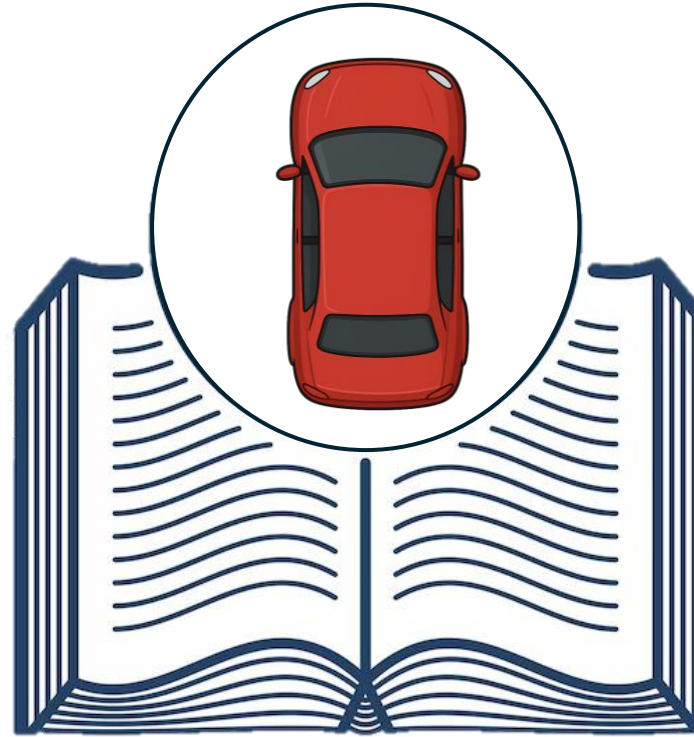
After AI



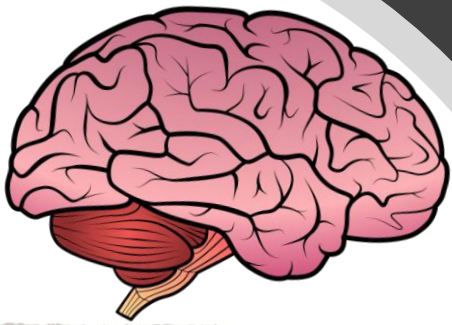
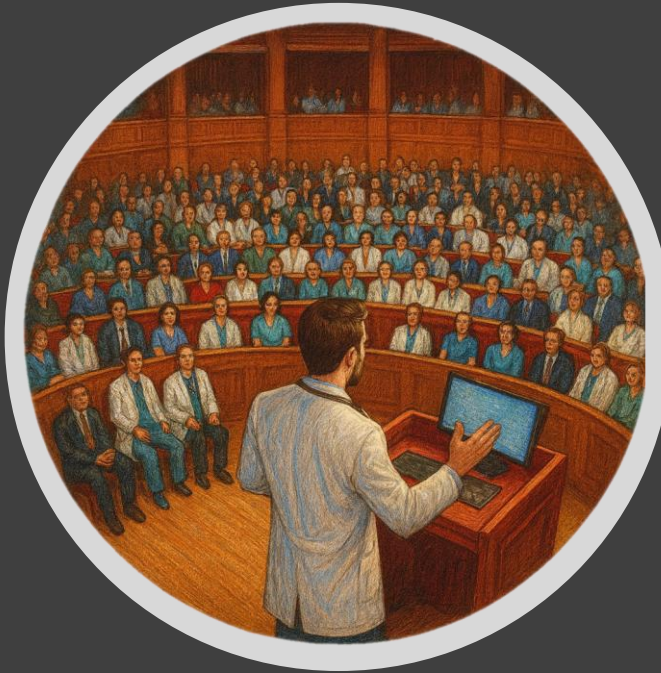


**“Education is not the
learning of facts, but
the training of the
mind to think.”**

FAST TRACK KNOWLEDGE



ResearchGate



Why Critically Read?





ABSTRACT

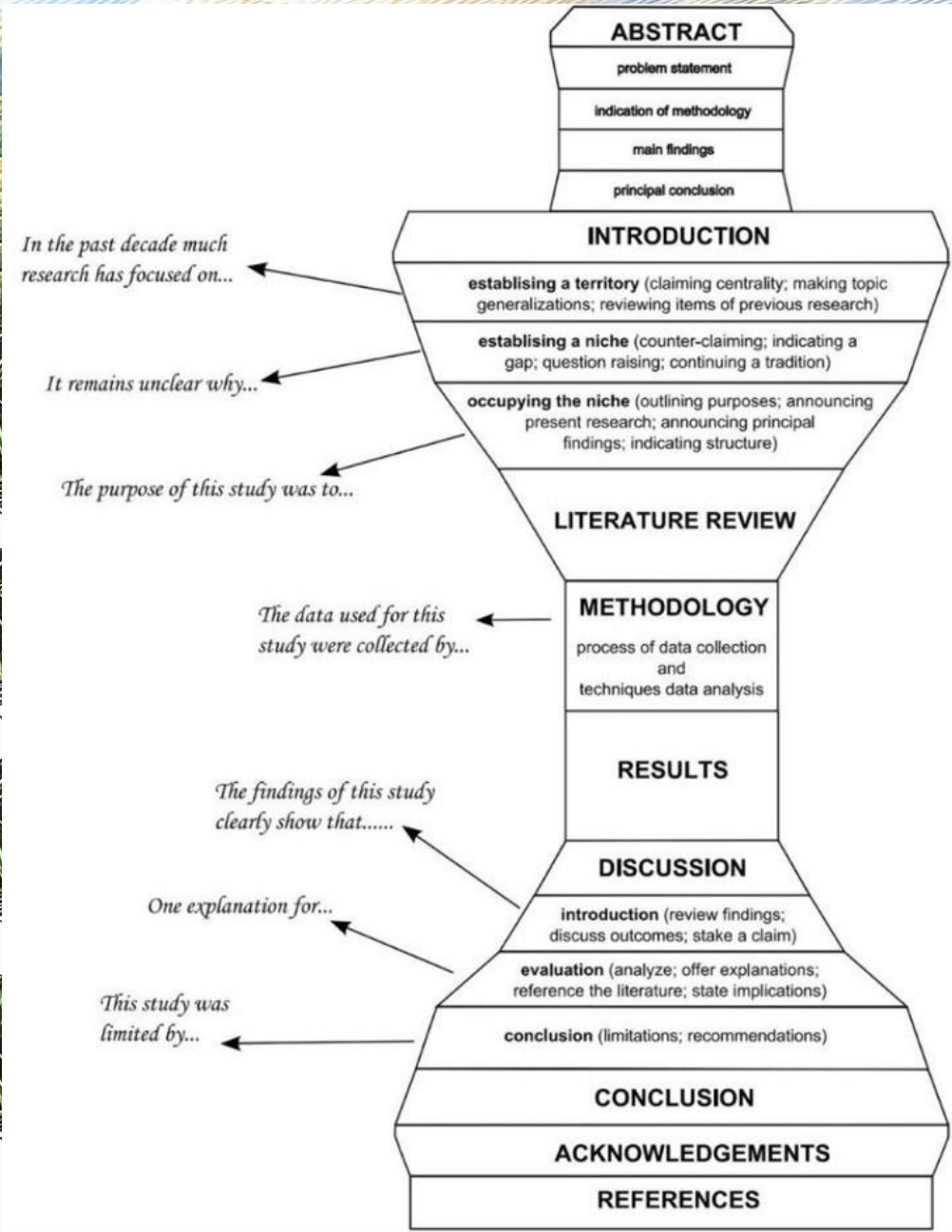
problem statement

indication of methodology

main findings

principal conclusion





Formal Judgment



Substantive Judgment



Guidelines



—

Truth

Publication
Bias

Interpretation
Bias

Measurement
Bias

Confounding
Bias

Selection
Bias

Interpretazione i dati in modo
coerente con le proprie
convinzioni o ipotesi iniziali.

Più variabili incidono sugli
outcomes

**Errori sistematici nella raccolta o
valutazione dei dati.**

• **Observer bias** → Tendenzia a riportare e
pubblicare più facilmente risultati
“significativi”.
l'investigatore
conosce l'intervento e interpreta i risultati
in modo non neutro.

• **Performance bias** → differenze nella
gestione dei gruppi.

• **Detection bias** → diversa valutazione
degli outcomes nei vari gruppi.

**Il modo in cui i partecipanti
vengono selezionati o i bias sistemati
misurazione non coerenti.**

• **Sampling bias** → campione non
rappresentativo della popolazione target.

• **Allocation bias** → assegnazione ai
gruppi non realmente casuale.



Substantive Judgment



ORIGINALITY

- *What does it add to what we already know?*
- *Is the rationale innovative, or does it merely replicate known results in a different setting?*

VALIDITY

- *Is the intervention replicable?*
- *Are there any bias or confounding factors that undermine the robustness of the results?*

RELEVANCE

- *Does the issue addressed have a real or merely theoretical clinical impact?*
- *Can the results influence clinical practice or recommendations?*

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ESTABLISHED IN 1812

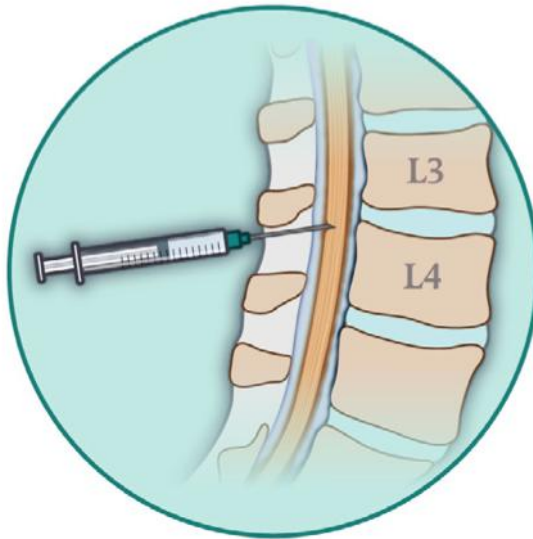
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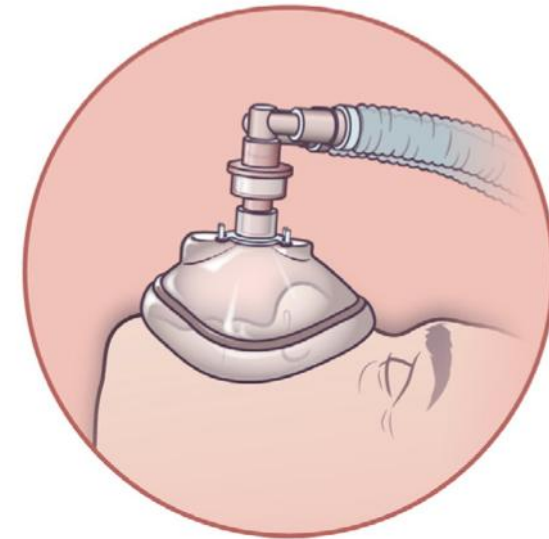
Spinal Anesthesia or General Anesthesia for Hip Surgery in Older Adults

M.D. Neuman, R. Feng, J.L. Carson, L.J. Gaskins, D. Dillane, D.I. Sessler, F. Sieber, J. Magaziner, E.R. Marcantonio, S. Mehta, D. Menio, S. Ayad, T. Stone, S. Papp, E.S. Schwenk, N. Elkassabany, M. Marshall, J.D. Jaffe, C. Luke, B. Sharma, S. Azim, R.A. Hymes, K.-J. Chin, R. Sheppard, B. Perlman, J. Sappenfield, E. Hauck, M.A. Hoeft, M. Giska, Y. Ranganath, T. Tedore, S. Choi, J. Li, M.K. Kwofie, A. Nader, R.D. Sanders, B.F.S. Allen, K. Vlassakov, S. Kates, L.A. Fleisher, J. Dattilo, A. Tierney, A.J. Stephens-Shields, and S.S. Ellenberg, for the REGAIN Investigators*

Spinal Anesthesia



General Anesthesia



CONCLUSIONS

Among older adults undergoing hip-fracture surgery, spinal anesthesia was not superior to general anesthesia with respect to survival and ability to walk independently at 60 days.

Primary Outcome in Modified Intention-to-Treat Population Included in Primary Analysis

Death or Inability to Walk Independently at 60 Days

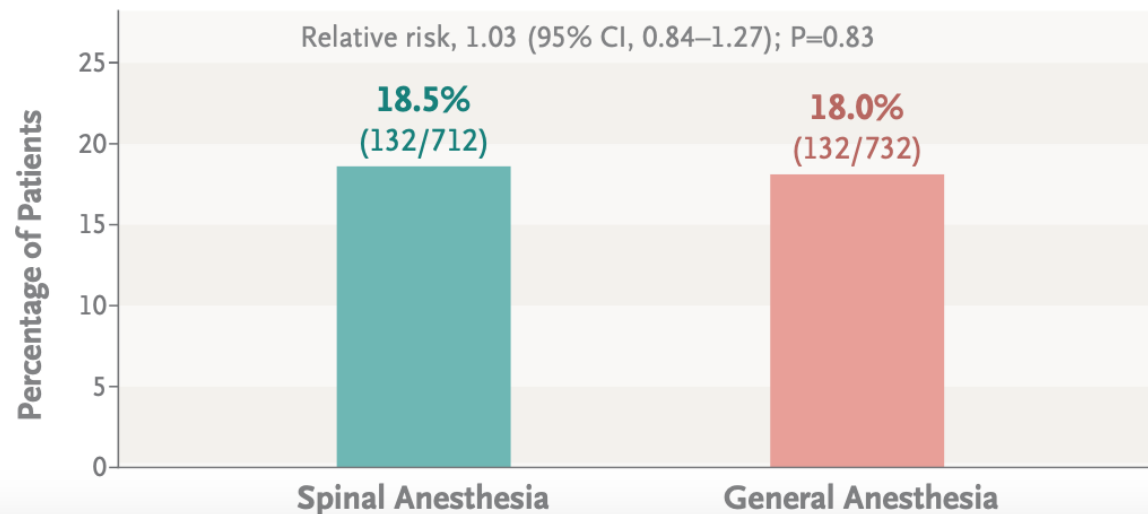


Table 2. Primary Outcome and Prespecified Secondary Outcomes (Modified Intention-to-Treat Population).*

Outcome	Spinal Anesthesia (N=795)	General Anesthesia (N=804)	Relative Risk (95% CI)†	P Value‡
Primary outcome				
Death or inability to walk without human assistance at 60 days — no./total no. (%)	132/712 (18.5)	132/732 (18.0)	1.03 (0.84–1.27)	0.83
Secondary outcomes‡				
Death by 60 days — no./total no. (%)§	30/768 (3.9)	32/784 (4.1)	0.97 (0.59–1.57)	
Inability to walk without human assistance at 60 days among survivors — no./total no. (%)	104/684 (15.2)	101/701 (14.4)	1.05 (0.82–1.36)	
3D-CAM assessment positive for new-onset delirium — no./total no. (%)¶	130/633 (20.5)	124/629 (19.7)	1.04 (0.84–1.30)	
Hazard Ratio (95% CI)				
Median time from randomization to discharge, according to enrollment location (IQR) — days**				
Canada	6 (4–9)	6 (5–10)	0.92 (0.76–1.10)	
United States	3 (2–5)	3 (3–5)	1.06 (0.96–1.16)	



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1. Only 5% ASA IV
 2. SA was not protocolled
 3. Sedation was not protocolled
 4. 15% of assigned to SA received GA
- Clinician selection of GA: 3.7%
 - **Spinal Failure Rate 8%**
 - Others: 3.3%

Table 4. Exploratory Outcomes (Modified Intention-to-Treat Population).

Outcome	Spinal Anesthesia (N=795)	General Anesthesia (N=804)
Outcomes in the hospital		
Complications — no./total no. (%)		
Death x3	5/782 (0.6)	13/790 (1.6)
Critical care admission	18/783 (2.3)	29/793 (3.7)
Nonfatal cardiac arrest	2/780 (0.3)	0/784
Stroke*	5/783 (0.6)	7/793 (0.9)
Pneumonia* x2	8/783 (1.0)	16/793 (2.0)
Pulmonary edema*	9/783 (1.1)	8/793 (1.0)
Pulmonary embolism*	4/783 (0.5)	5/793 (0.6)
Unplanned postoperative intubation	4/783 (0.5)	7/793 (0.9)
Acute kidney injury*	32/709 (4.5)	55/726 (7.6)



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Table 3. Subgroup Analyses for the Primary Outcome (Modified Intention-to-Treat Population).

Subgroup*	Spinal Anesthesia (N = 795)	General Anesthesia (N = 804)	Relative Risk (95% CI)†
<i>no. of patients (%)</i>			
Age			
<85 yr	63/509 (12.4)	67/498 (13.5)	0.92 (0.67–1.27)
≥85 yr	69/203 (34.0)	65/234 (27.8)	1.25 (0.94–1.66)
History of chronic pulmonary disease			
Present	17/109 (15.6)	22/88 (25.0)	0.64 (0.35–1.17)
Absent	115/603 (19.1)	110/644 (17.1)	1.11 (0.88–1.41)
History of congestive heart failure or coronary artery disease			
Present	21/103 (20.4)	31/110 (28.2)	0.76 (0.47–1.23)
Absent	111/609 (18.2)	101/622 (16.2)	1.12 (0.88–1.43)

Comment in

Patient-Centered Outcomes after General and Spinal Anesthesia.

Rathmell JP, Avidan MS.

N Engl J Med. 2021 Nov 25;385(22):2088-2089. doi: 10.1056/NEJMe2116017.

PMID: 34818484 No abstract available.

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Lanoiselée J, Bruckert V, Capdevila X, Molliex S.

Anaesth Crit Care Pain Med. 2022 Apr;41(2):101045. doi: 10.1016/j.accpm.2022.101045. Epub 2022 Feb 19.

PMID: 35192948 No abstract available.

Spinal vs. General Anesthesia for Hip-Fracture Surgery.

Nestor CC, Irwin MG.

N Engl J Med. 2022 Feb 24;386(8):801. doi: 10.1056/NEJMc2119756.

PMID: 35196436 No abstract available.

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Uzoigwe C, Symes T.

N Engl J Med. 2022 Feb 24;386(8):801. doi: 10.1056/NEJMc2119756.

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Spinal vs. General Anesthesia for Hip-Fracture Surgery.

Shabsigh M, Sekhri N, Xu JL.

N Engl J Med. 2022 Feb 24;386(8):801-802. doi: 10.1056/NEJMc2119756.

PMID: 35196438 No abstract available.

Spinal vs. General Anesthesia for Hip-Fracture Surgery.

Amirfarzan H, Romagnoli S, Schumann R.

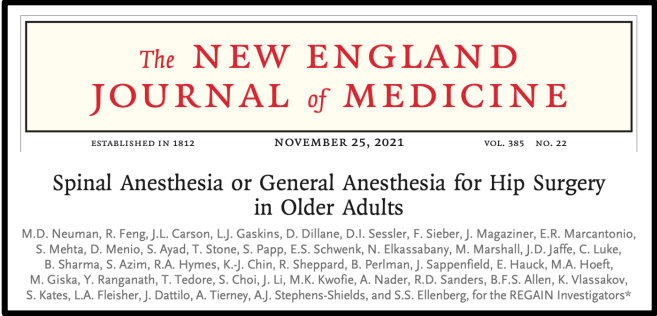
N Engl J Med. 2022 Feb 24;386(8):802. doi: 10.1056/NEJMc2119756.

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Anaesthesist. 2022 May;71(5):400-402. doi: 10.1007/s00101-022-01104-z. Epub 2022 Feb 23.

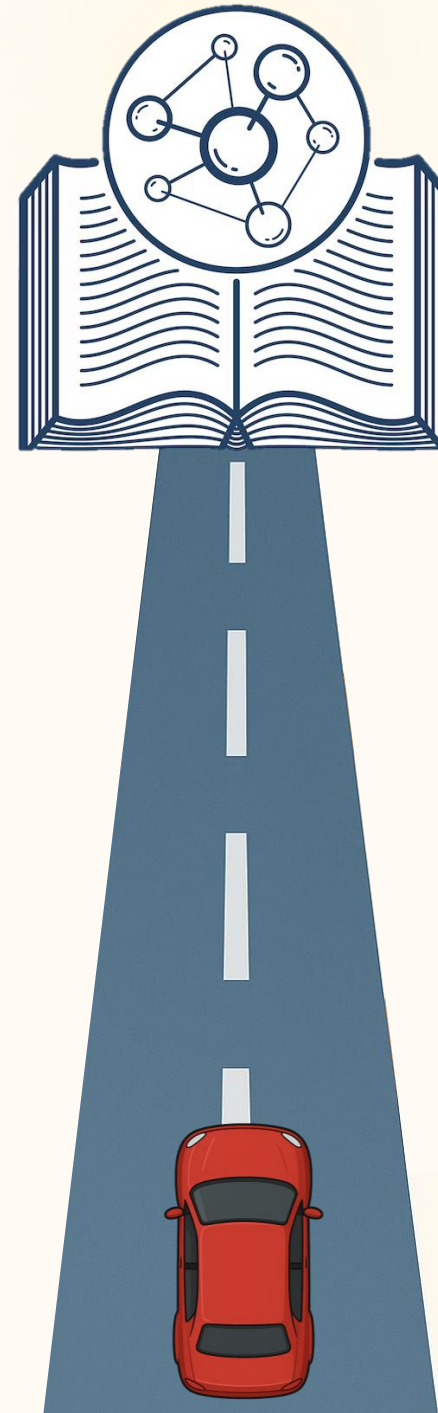


RIGHT TRACK KNOWLEDGE

Never stop at the surface: Don't take everything we read for granted

Go deeper: understand the true meaning and relate it to everyday clinical practice.

Foster discussion: many different perspectives are the real driving force that leads us toward the truth.





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