The European Society
of Regional Anaesthesia
& Pain Therapy
ESRA ITALIA

ESRA ITALIAN CHAPTER

30° NATIONAL MEETING

13-15 NOV 2025

NAPOLI
HOTEL RAMADA

Presidents:
Giuseppe Servillo, Fabrizio Fattorini

MZ EVENTS

NORA and DAY SURGERY

FROM OR TO NORA AND DS: WHAT'S NEW?

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NORA

WORLD

Radiology	CT scan
	MRI
	PET
Interventional radiology/ neuroradiology	*Vascular*
	Angioplasty
	Stenting
	Embolization
	Thrombolysis
	Vascular imaging/stenting/embolization
	Therapeutic pain procedures
Cardiology	Catheterization
	Angioplasty
	Stenting
	Transcatheter aortic valve implantation
	VAD placement
	Electrophysiological studies/RF ablation
	Pacemaker/Defibrillator insertion
	Transoesophageal echo
	Cardioversion
Gastroenterology	Endoscopy/colonoscopy
	ERCP
	Esophageal dilation/stent insertion
	Gastrostomy feeding tube placement
Others	Radiotherapy
	Electroconvulsive therapy
	Dental work
	Cosmetic procedures
	ED ICU intubation/procedures

Primm, Aaron[a]; Anca, Diana[b]. Updates in Non-Operating Room Anesthesia. Current Opinion in Anesthesiology 38(3):p 297-302, June 2025. | DOI: 10.1097/ACO.0000000000001472

KEY POINTS

•Challenges in managing cases in nonoperating room anesthesia (NORA) space have increased with the increased number, complex and novel procedures added at a significant pace.

•Regulatory organizations and experts in the field acknowledge the need for updated guidance on multiple levels of operational platform, patient safety, and clinician safety.

•Given the specifics of novel and advanced cases in each NORA location, there is an increasing body of literature guiding anesthetic management of such cases.

•In acknowledgment of this ever-increasing field, many institutions are establishing expertise and leadership in NORA to navigate the increasingly challenging landscape.

Complex patients

REMIMAZOLAM

The risks outweigh the risks, and more institutions approve it as formulary despite the higher costs.

Kempenaers S, Hansen TG, Van de Velde M. Remimazolam and serious adverse events: a scoping review. Eur J Anaesthesiol 2023; 40:841–853

.....a call for anesthesiologist leadership has risen to address organizational and structural changes.

Anesthesiologists must be strong patient advocates in the NORA space

ANALGO-SEDAZIONE IN ENDOSCOPIA DIGESTIVA
Verso un approccio multidisciplinare per la qualità e la sicurezza: la posizione inter-societaria SIAARTI-SIED per un percorso di Buona Pratica Clinica

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SIAARTI
PRO VITA CONTRA DOLOREM SEMPER
S.I.E.D.
BUONE PRATICHE CLINICHE

Versione
ANALGO-SEDAZIONE IN ENDOSCOPIA DIGESTIVA
Verso un approccio multidisciplinare per la qualità e la sicurezza:
la posizione inter-societaria SIAARTI-SIED per un percorso di Buona Pratica Clinica - versione 02 Rev. 29/11/2021
Pubblicato il 11/01/2022

EJA

Eur J Anaesthesiol 2018; **35**:6–24

GUIDELINES

European Society of Anaesthesiology and European Board of Anaesthesiology guidelines for procedural sedation and analgesia in adults

Jochen Hinkelbein, Massimo Lamperti, Jonas Akeson, Joao Santos, Joao Costa, Edoardo De Robertis, Dan Longrois, Vesna Novak-Jankovic, Flavia Petrini, Michel M.R.F. Struys, Francis Veyckemans, Thomas Fuchs-Buder* and Robert Fitzgerald†

American Society of Anesthesiologists®

Statement on Nonoperating Room Anesthesia Services
Developed By: Committee on Practice Parameters
Committee of Oversight: Surgical and Procedural Anesthesia
Last Amended: October 18, 2023 (original approval: October 19, 1994)

This statement applies to Non-Operating Room Anesthesia (NORA) services defined as care provided by anesthesiology personnel for inpatients/outpatients undergoing diagnostic or therapeutic procedures performed at locations outside an operating room pavilion within the hospital

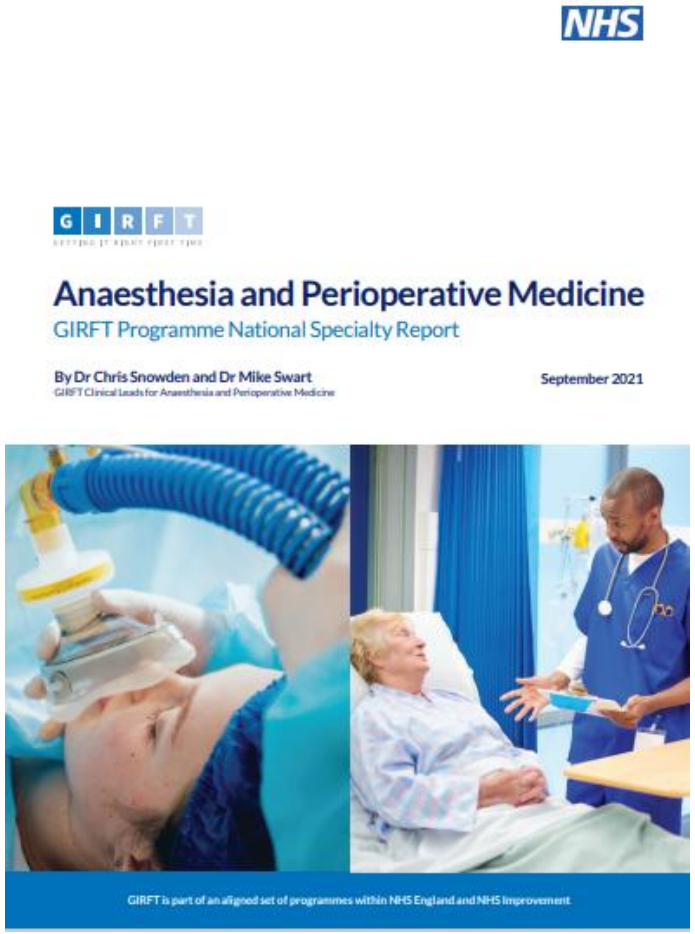
NORA cases are projected to exceed **50% of total anesthesia cases** in the near future.
Although one large-scale study failed to show a difference in mortality between NORA and operating room (OR) settings, multiple analyses of data from the American Society of Anesthesiologists (ASA) **Closed Claims database** have revealed that **adverse events occur nearly twice as often in NORA locations as they do in the OR.**

STAFF AND TEAMWORK
1. Communication, team building, expectations, and training should be established through a proactive collaborative process driven by anesthesiology personnel, nursing, surgical, and proceduralist leadership.
2. In each NORA location adequate staff shall be trained to support the patient and the anesthesiology care team. The NORA team shall include at least two individuals with appropriate certification (ACLS, BLS, or PALS) and defined responsibilities to provide patient care during emergencies.
3. Anesthesiology personnel should triage and evaluate complex cases, assist with scheduling, and optimize quality and safety protocols. A dedicated NORA anesthesiology team should be considered to facilitate communication and the adoption of protocols and pathways.
4. Team members names and roles should be posted in the NORA location to facilitate communication during patient care.

at least **75 per cent** of **elective surgery** should be undertaken on a ***daycase*** basis.

It represents high-quality patient care, which includes surgical techniques with reduced tissue trauma, and employs enhanced recovery, effective analgesia, minimal adverse events, provision of appropriate information and postoperative support. Improvements in the provision of anaesthesia and analgesia and the introduction of minimal-access surgical techniques allow a range of procedures to be undertaken on a daycase basis, which formerly would have required inpatient services.

Chapter 6: Guidelines for the Provision of Anaesthesia Services for Day Surgery 2024



Future impact:

requirement for anaesthesia and perioperative medicine to be involved in reducing significant surgical backlog; moving inpatient surgery to day case surgery and day case surgery to office or community-based treatment; reducing length of stay for inpatient surgery through reinvigoration of enhanced recovery; improving use of surgical critical care through the development of enhanced care.

Increasing the proportion of day surgery to overall elective surgery is one of the best routes to increased efficiencies, cost savings and patient benefits.

day case surgery should be considered the default option unless an inpatient stay is unavoidable

CRITICALITIES

1	Patients' **compliance**	MOTIVATION
2	**Coordination** among doctors, nurses and secretaries	PERIODICAL AUDIT
3	**Compliance** to the protocol	REASONABLE FLEXIBILITY

Observational studies have demonstrated that certain types of surgeries, such as cardiovascular, genitourinary, abdominal, musculoskeletal, dermatological, and eye surgeries, may confer a higher risk of developing dementia, although it is unclear whether these specific surgery types are associated with greater alterations in cerebral perfusion and/or autoregulation, or whether the indication for surgery itself represents the direct risk factor.

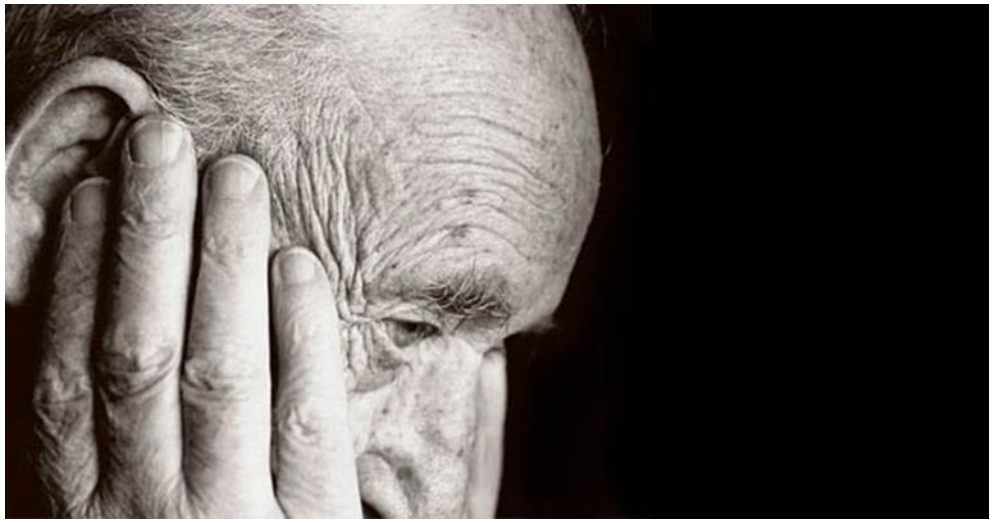


Table 1. Comparison of POD and POCD in Ambulatory Surgery

	POD	POCD
Characteristics	· Lower incidence · Appears immediately after surgery or in the following hours/days	· Lower incidence · No universal definition and tests · Appears days or months after surgery
Pathophysiology	Unclear, neuroinflammation has been suggested	
Assessment tool	Confusion Assessment Method	MoCA, MMSE, Mini-Cog test
Risk factors/causes	Advanced age, preexisting cognitive impairment, medical comorbidities, benzodiazepines, ketamine, opioids, frailty, insufficient pain control, unrecognized hypoxia, pneumonia, urinary retention, hypoglycemia	· POD and its risk factors · Diabetes, dehydration, dexamethasone, inhaled anesthetics
Prevention/treatments	· Prehabilitation · Intraoperative management (maintain hemodynamic stability, adequate oxygenation, acid-base balance, and electrolytes) · Multicomponent interventions, avoid non-essential catheters · Studied medications (e.g., olanzapine, haloperidol, risperidone, dexmedetomidine)	· Address medical conditions, sleep management, medication review, cognitive stimulation, physical activity, balanced diet, avoid polypharmacy · Cognitive rehabilitation · Studied medications (e.g., ketamine, lidocaine)

POD: postoperative delirium, POCD: postoperative cognitive dysfunction, MoCA: Montreal Cognitive Assessment, MMSE: Mini-Mental State Examination.

Korean J Anesthesiol 2024;77(5):493-502
https://doi.org/10.4097/kja.23952
pISSN 2005-6419 • eISSN 2005-7563

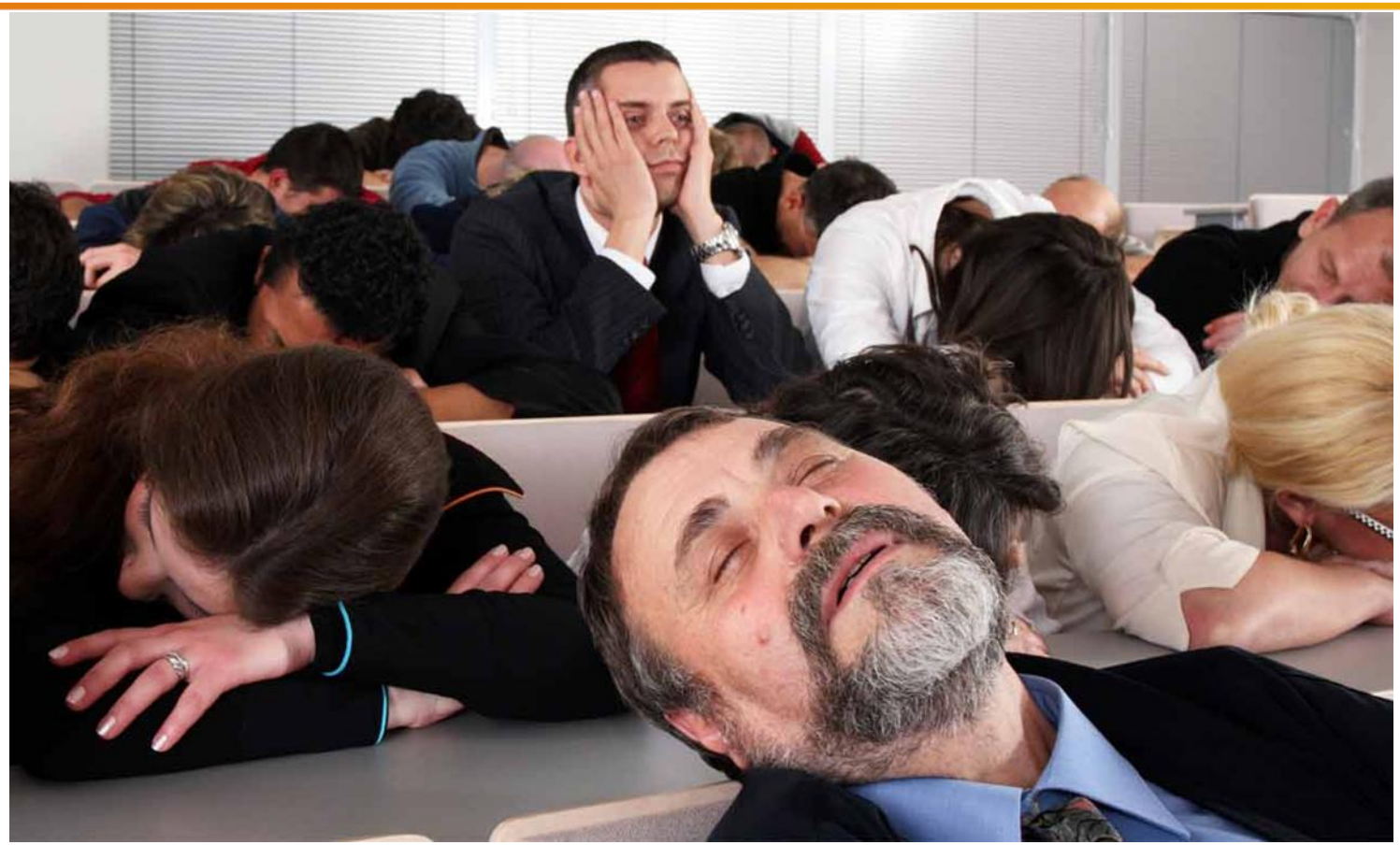
Types of Surgeries Still Performed in the Operating Room

Major cardiovascular procedures: hybrid interventions that combine traditional and interventional techniques in specialized hybrid operating rooms.

Complex neurosurgery: Brain and spinal surgeries requiring advanced imaging, navigation, and neuro-monitoring are performed in the OR due to critical safety and technical requirements.

Transplant surgery

Procedures on critically ill or unstable patients needing continuous invasive monitoring, hemodynamic support, and immediate access to emergency resources.



GRAZIE

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