# Sugammadex versus Neostigmine: Operating Room Time and Cost

# Background

The choice of neuromuscular blockade reversal agents impacts cost and operating room time. Currently, the two medications used to reverse neuromuscular blockade are Neostigmine and Sugammadex. These medications differ in both cost and pharmacologic profiles which effect the time and predictability of reversal (Carron, Zarantonello, Tellaroli, & Ori, **2016).** Evaluating cost and time differences in reversal using Sugammadex and Neostigmine helps anesthesia providers select the appropriate medication. This evidence based practice project examined the difference in case length and operating room and reversal agent costs in cases using Sugammadex and Neostigmine at Providence Sacred Heart Medical Center.

### Methods

- **Retrospective, observational, evidence-based practice project**
- Facility approved and IRB exemption determination granted
- Extracted case data deidentified and securely extracted into a HIPPA compliant **REDCap** database
- 11,944 cases evaluated from January 1, 2015 to December 31, 2018
- Inclusion criteria: ASA rating I, II, III; age <70; BMI <40; no diagnosed reduced pulmonary reserve conditions; no diagnosed pre-existing neuromuscular disease
- **Cases removed: Surgical case duration not calculated; Neostigmine units** <1 mg; Neostigmine units >5 mg; Sugammadex units >1000 mg; Sugammadex units <50 mg; Neither Neostigmine and Sugammadex used; **Neostigmine and Sugammadex both used; Neostigmine given without Glycopyrrolate; Surgical procedures labeled '50'**
- Analytical plan: Categorical variables described by frequency distributions; skewed continuous variables described by median and interquartile range. Average medication costs, operating rooms minutes, and estimated operating room costs/case reported by reversal agent.
- Simulation: Total operating room and reversal agent costs were projected using an estimated operating room rate. Sensitivity analysis was completed in which the estimated operating room rate was varied.

Annie Benscheidt BSN, RN, SRNA; Kenn Daratha, PhD

Gonzaga Doctorate of Nurse Anesthesia Program & Providence Sacred Heart Medical Center

<b>Findings</b> Table 1: Baseline Demographic and Clinical Characteristics (N=11,944)				Findings (cont.) The choice of Sugammadex over Neostigmine as a neuromuscular blockade			
Gender	Male	4564	38%	reversal agent resu	ulted in lower operat	ing room and rev	ersal agent costs in
	Female	7380	62%	simulated analyses	s in which the operat	ing room cost per	minute was varied.
ASA Rating	Ι	1308	11%				
	II	7497	63%	Table 3. Operating Room Cost Per Minute Sensitivity Analysis			
	III	3139	26%	OR Cost/Min	Sugammadex	Neostigmine	Amount Saved Using
Kidney Disease		385	3%		Jugammadex	reostignine	Sugammadex
Smokers		4588	38%	\$30	\$54,837,286	\$55,314,321	\$477,035
Surgical Service Line	General	2347	20%	\$40	\$72,721,696	\$73,622,824	\$901,128
	Orthopedic	1935	16%	\$ <del>5</del> 0			
	Neurosurgery	1646	14%	\$60	\$90,606,107 \$108,400,517	\$91,931,327	\$1,325,220
	Gynecology	1345	11%	\$70	\$108,490,517 \$126,374,927	\$110,239,830 \$128,548,334	\$1,749,313 \$2,173,407
	Obstetrics	1308	11%	\$80			\$2,173,407 \$2,507,400
	Urology	839	7%	\$90	\$144,259,338	\$146,856,837 \$165,165,240	\$2,597,499 \$2,021,502
	Plastics	624	5%	\$90	\$162,143,748	\$165,165,340	\$3,021,592
	ENT	373	3%	·	\$180,028,159	\$183,473,843	\$3,445,684
	Vascular	356	3%	\$110 * Cost if one reversel agent	\$197,912,569 t was used exclusively across	\$201,782,347	\$3,869,778
	Gynecology Oncology	247	2%	e	tal cost per case (case duration	▲	
	Cardiology	206	2%	generated using average to	tal cost per case (case duration	n, operating room cost pe	
	Other Procedures*	718	1%				
Surgical Procedure in 2015		2679	22%				
Surgical Procedure in 2016		2846	24%				
Surgical Procedure in 2017		3148	26%				
Surgical Procedure in 2018		3271	27%	Average surgical duration (minutes) differed by choice of reversal agent			
		Median	IQR	-	()		
Duration of Surgery (min)		126	92-175	used.			

\*Other procedures with <1% include: Interventional radiology, cardiothoracic, gastroenterology, dental, ophthalmology, pulmonary, oral surgery, maxillofacial, cardiovascular, robotic, oncology, medical, pain, podiatry

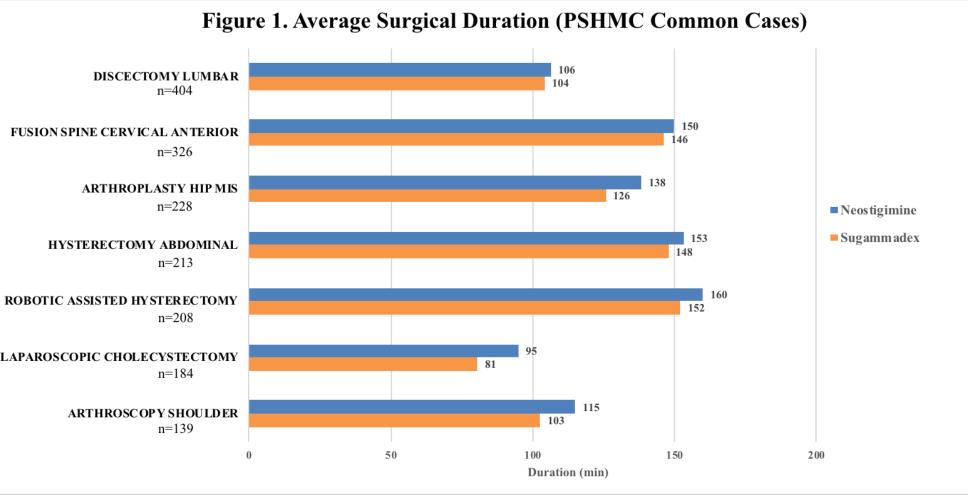
	Sugammadex	Neostigmine & Glycopyrrolate	
Metric	(n=7,199)	(n=4,745)	
Average Reversal Agent Medication	\$99.13	\$32.55	
Cost/Case*			
Average Operating Room	150 minutes	153 minutes	
Minutes/Case**			
Estimated Operating Room	\$14,623	\$14,901	
Cost/Case***			
Projected Cost of Each Reversal Agent	\$174,662,835	\$177,981,292	
Used Exclusively Over Four Years			

\* Using Providence Sacred Heart Medical Center contracted medication prices

\*\* Total surgical case duration

\*\*\* Using Providence Sacred Heart Medical Center operating room cost per minute of \$97





Sacred Heart Medical Center & Children's Hospital Providence Sacred Heart Medical Center Gonzaga University Nurse Anesthesia Program



School of Nursing & Human Physiology **Operating room (OR) time and cost of neuromuscular blockade reversal** agents were compared among cases in which either reversal agent could be used. The average reversal agent cost per case using Sugammadex was \$99.13 compared to cases using Neostigmine/Glycopyrrolate at \$32.55 per case. A side by side comparison between Sugammadex and Neostigmine for like surgeries found that Sugammadex shortened surgical case duration for most procedures. Across all project cases the average surgical case duration for cases reversed using Sugammadex was 150 minutes (estimated operating room costs \$14,623 per case). Neostigmine reversed cases averaged 153 minutes for surgical case duration (estimated operating rooms costs \$14,901 per case).

In simulated models, exclusive use of Sugammadex across all cases for the past four years would have resulted in cost savings across a range of estimated OR costs per minute. The findings of this observational project showed an average of about three minutes were saved in OR time when using Sugammadex versus Neostigmine. Surgical case duration is complex and multi-factorial. The results of this observational project signal a difference in OR time and agent costs as the result of reversal agent choice. Further randomized investigations are warranted.

Abrishami, A., Ho, J., Yin, L., Wong, J., & Chung, F. (2009). Sugammadex, a selective reversal medication for preventing postoperative residual neuromuscular blockade. Cochrane Database of Systematic Reviews. doi:10.1002/14651858.cd007362

Carron, M., Zarantonello, F., Tellaroli, P., & Ori, C. (2016). Efficacy and safety of sugammadex compared to neostigmine for reversal of neuromuscular blockade: A meta-analysis of randomized controlled trials. Journal of *Clinical Anesthesia*, 35, 1-12. doi:10.1016/j.jclinane.2016.06.018

Carron, M., Zarantonello, F., Lazzarotto, N., Tellaroli, P., & Ori, C. (2017). Review: Role of sugammadex in accelerating postoperative discharge: A meta-analysis. Journal of Clinical Anesthesia.

Herring, W. J., Woo, T., Assaid, C. A., Lupinacci, R. J., Lemmens, H. J., Blobner, M., & Khuenl-Brady, K. S. (2017). Sugammadex Efficacy for Reversal of Rocuronium- and Vecuronium-Induced Neuromuscular Blockade. Survey of Anesthesiology,61(5-6), 124. doi:10.1097/sa.00000000000332

Hristovska, A., Duch, P., Allingstrup, M., & Afshari, A. (2017). Efficacy and safety of sugammadex versus neostigmine in reversing neuromuscular blockade in adults. Cochrane Database of Systematic Reviews. doi:10.1002/14651858.cd012763

# Discussion

## References