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## Background

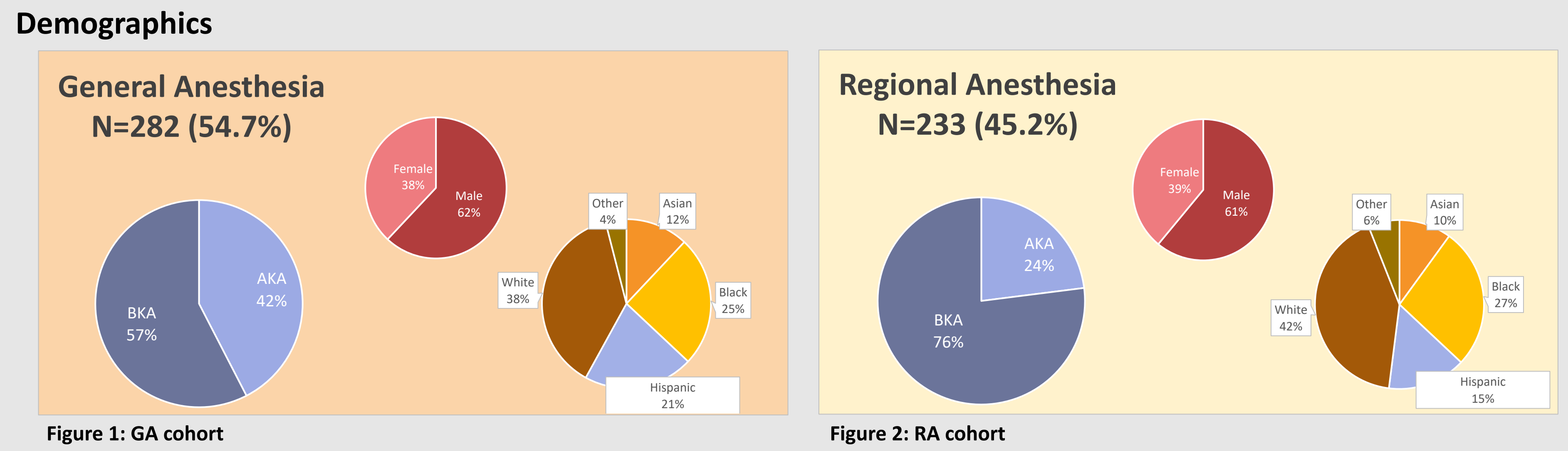
**General anesthesia (GA)** is recognized to carry significant cardiopulmonary and stroke risks.

**Regional anesthesia (RA)** is an anesthetic alternative for lower extremity amputations (LEA).

Only 15% of all LEAs utilize RA and there are inconsistent post-operative outcome findings across studies.

Our institution has adopted RA into routine use, and so our study aims to investigate the clinical outcomes of anesthetic-modality for non-traumatic proximal LEAs.

## Results



### Clinical Presentation

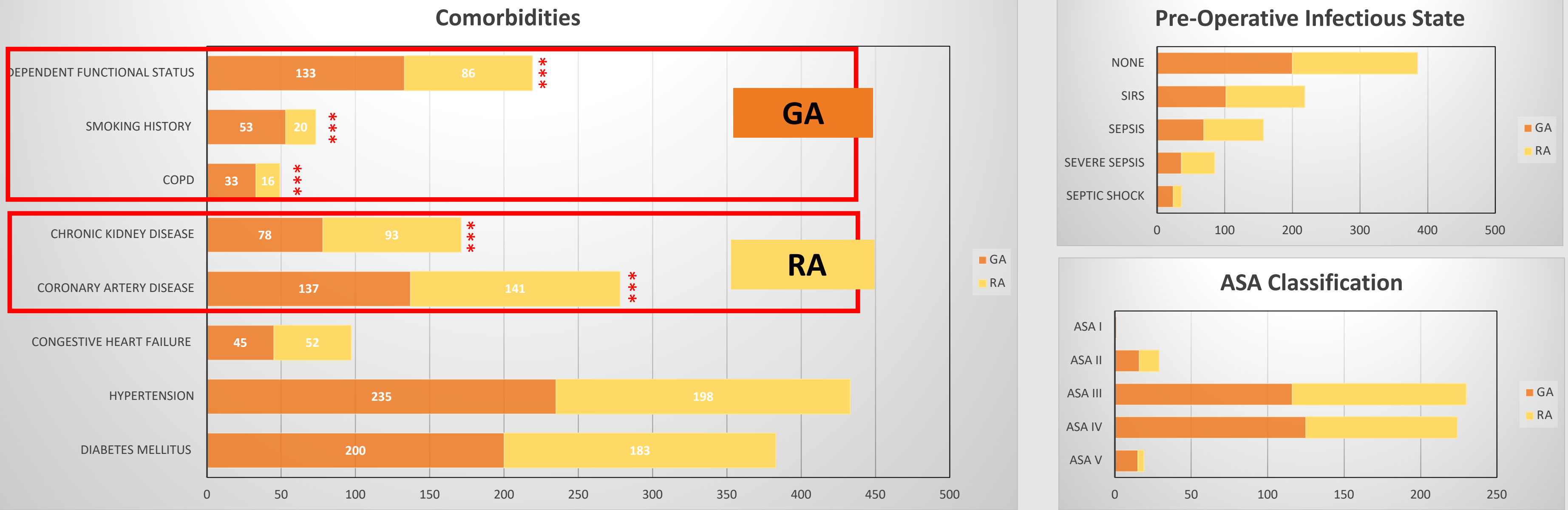


Figure 3: Clinical Presentation between GA and RA

### Post-Operative Complications

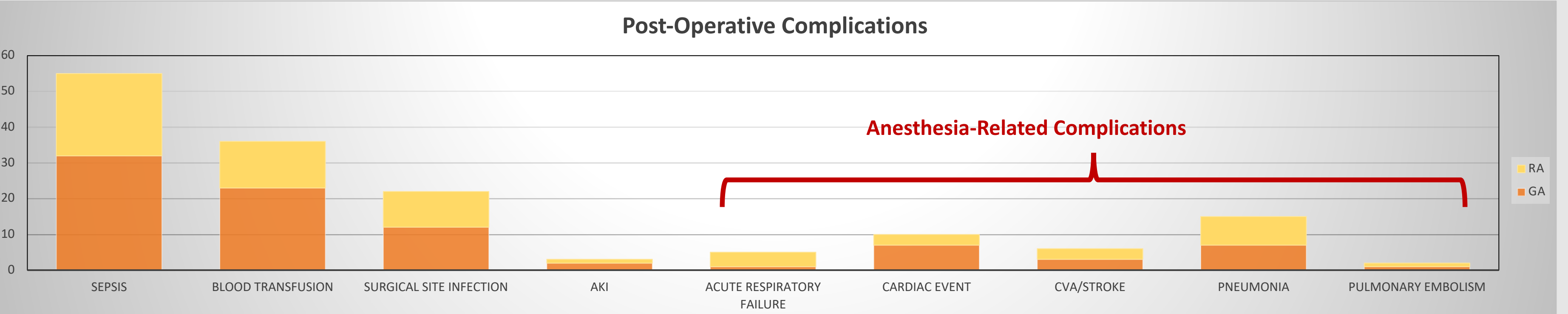


Figure 4: Post-operative Complications between GA and RA

\*\*\* = indicates significant difference with p<0.05 ^MACE = major adverse cardiovascular events

## Clinical Outcomes

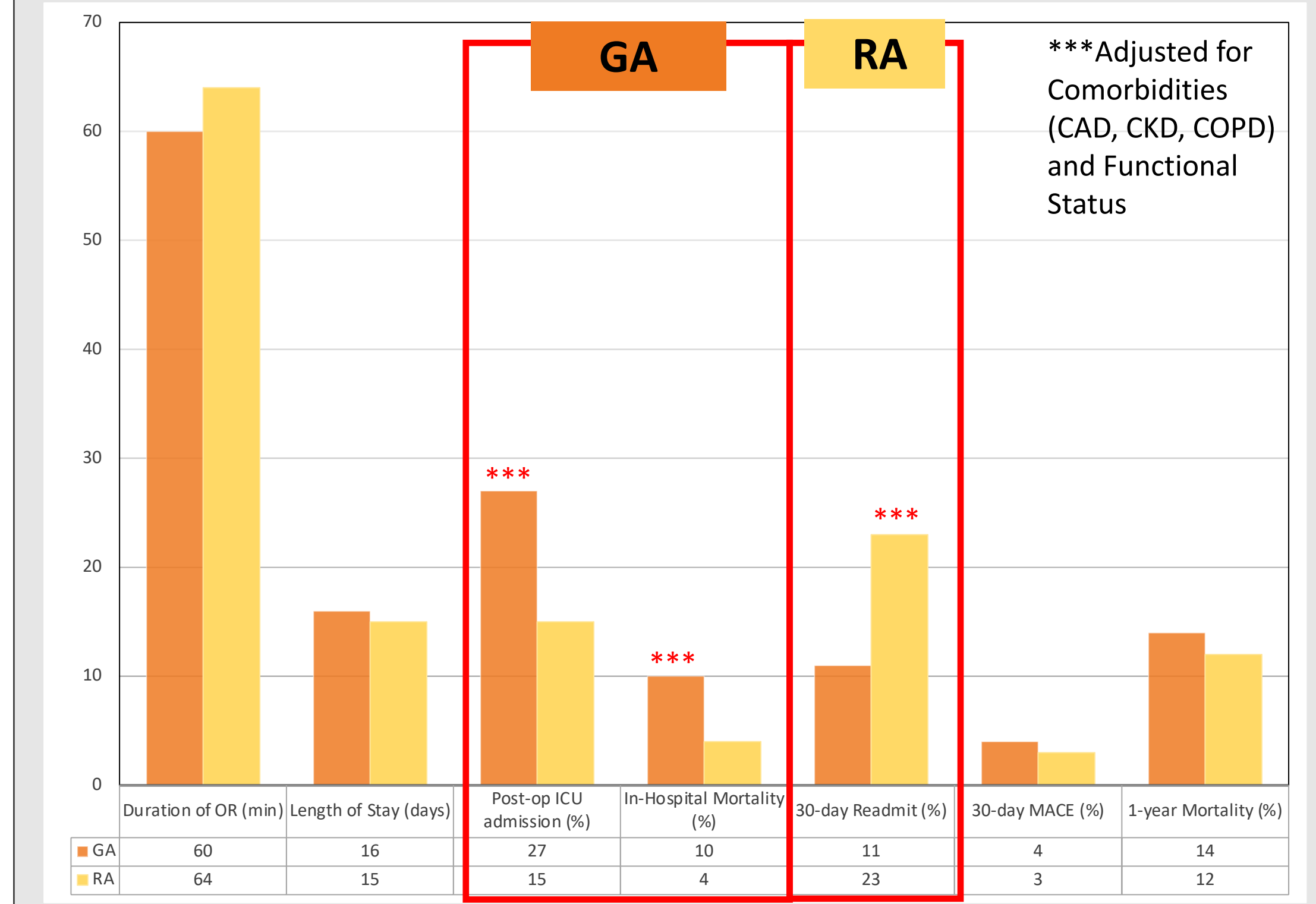


Figure 5: Clinical Outcomes between GA and RA using multivariate regression analysis

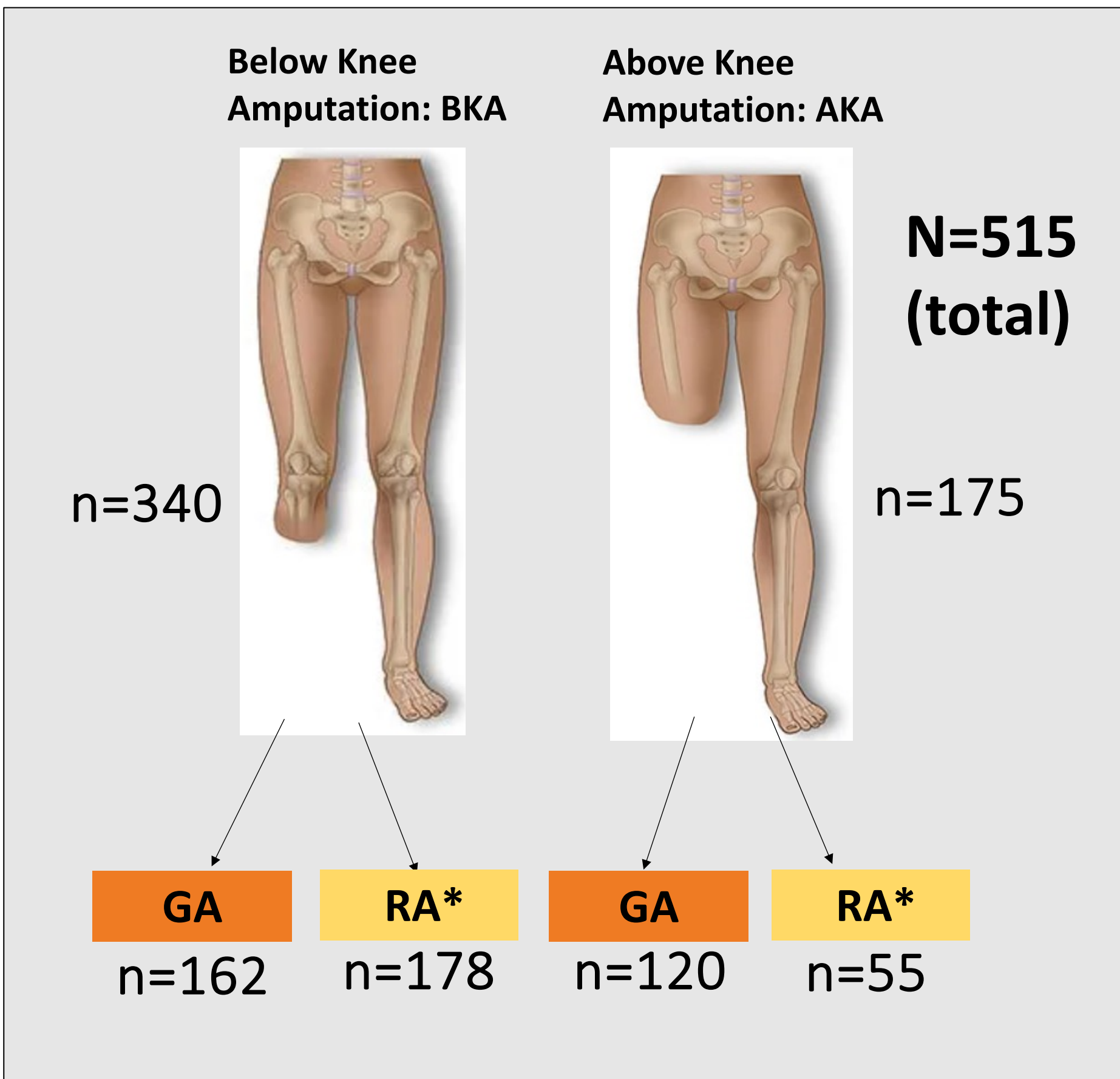
## Conclusion

Anesthetic-modality does not affect overall post-operative outcomes for morbidity and mortality.

Regional anesthesia has lower in-hospital mortality than general anesthesia.

Regional anesthesia is equivocal to and is a safe alternative to general anesthesia for lower extremity amputations.

## Methods



Basic demographics, comorbidities, and clinical outcomes were collected and analyzed between GA and RA cohorts.

\*RA is defined as Local or Regional Block