Author: Aaron Jones, DNAP, CRNA
aj@sweetdreamsanesthesia.com

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Introduction

decreased exposure to nosocomial infections. Recently, however, the conveniences of OBS and OBA have been challenged by an increasing number of research studies and media reports addressing concern on their safety. For example, a study by Vila et al. in 2007 concluded that OBS and OBA were not safe when compared to outcomes found in accredited ambulatory surgery centers[3]. The results of this study initially prompted the state of Florida to issue a moratorium on certain types of OBS and OBA[4]. These actions prompted much interest in providing evidence to further examine OBS and OBA practices. In 2011, a retrospective study done by Starling, challenged earlier findings and indicated that Villa's study was flawed and the conclusions were erroneous[5].

Safety associated with OBS and OBA procedures not only has global implications, but the efficacy and outcomes of these procedures are linked to identifiable factors. Factors that are potentially associated with OBS and OBA safety include patient selection, procedure or surgery performed, surgeon qualifications, anesthesia provider qualifications and training, medications used, equipment for anesthesia administration and resuscitation, and office accreditation[6,7].

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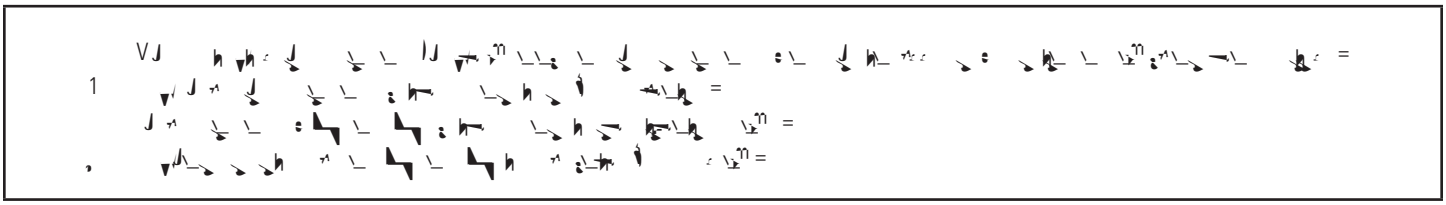

Major focus on OBA

What Does the Evidence Indicate?

Table 2: Studies Related to OBS Safety

Failey et al.[16]		4 ,
Vila et al.[8]		:
Starling et al.[6]		:
Rosenberg et al.[17]		:
Pollock et al.[4]		,
Blake[15]		,
Hoefflin et al.[18]		,
Fleisher et al.[19]		
Keyes et al.[20]		,

Conceptual Model Development

Quick Reference Guide Development

Key Findings

Implications for Anesthesia Education, Practice, and Research

Conclusion

References

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