

Cannabinoid Use and Their Implications in Anesthesia & Surgery

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Disclosures

CSTS ARDS Grant Co-PI

Sedena Medical[®] PI

Objectives

Analyze the implications of marijuana use in anesthesia and surgery

Discerning effects of cannabinoids on the increased dosage requirements of anesthetics

Evaluate postoperative complications and strategizing effective pain management amidst marijuana consumption in the perioperative setting

Optimize patient care and safety in the perioperative setting

Cannabinoids

18% US incidence / 3.8% worldwide

30% CUD

11 States with legalization

CUD

Mixed data

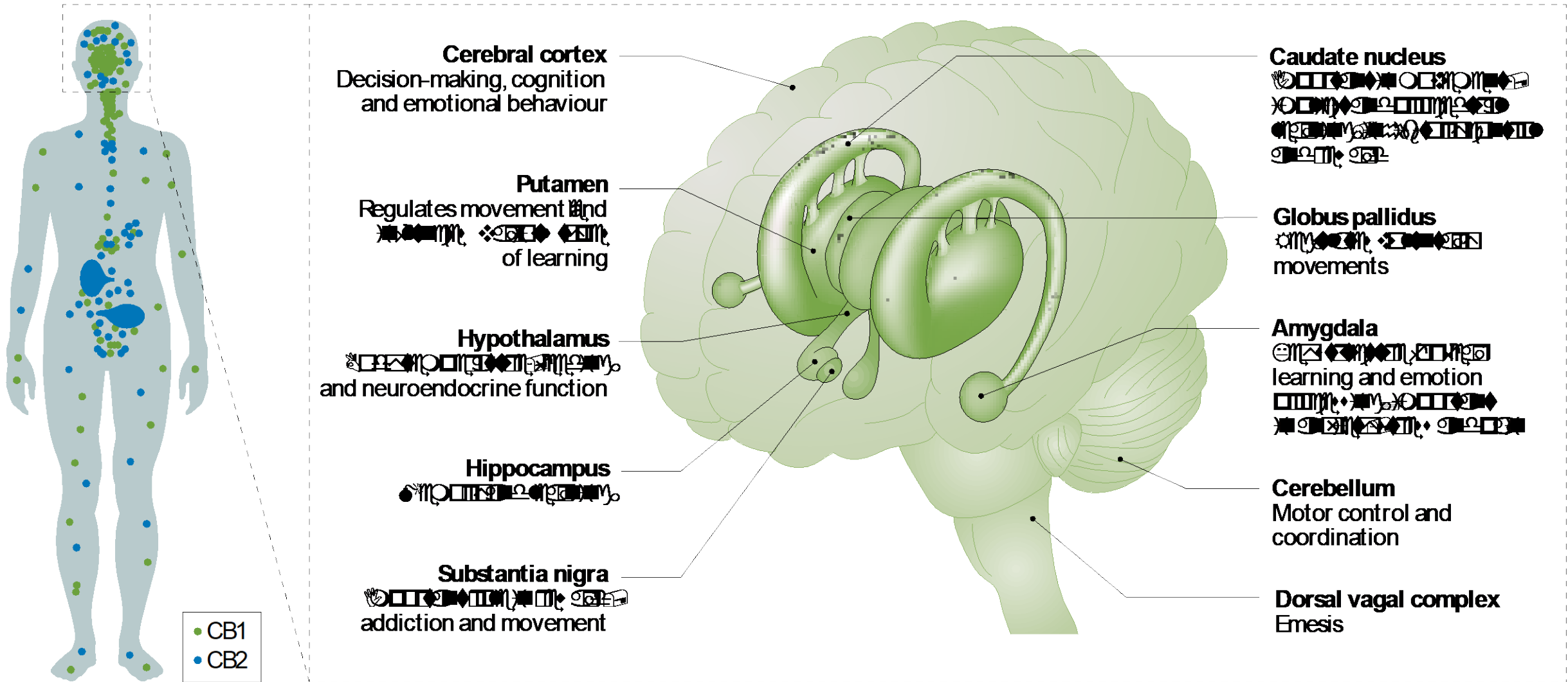


Receptor Physiology

CB1-R, CB2-R

Cannabinol & Δ^8 -tetrahydrocannabinol (Δ^8 -THC)





Connor JP, Stjepanović D, Le Foll B, Hoch E, Budney AJ, Hall WD. Cannabis use and cannabis use disorder. *Nat Rev Dis Primers*. 2021;7(1):16. Published 2021 Feb 25.



CB1-R

New Users

initial β -adrenergic effect + parasympathetic inhibition
→ NE

Chronic Users

Strong parasympathetic response + baroreflexes deregulation

Coronary spasm in patients with coronary disease → MI
MI (\uparrow MVO₂, \uparrow COHb, and coronary thrombosis)

Mesenteric vasodilation





CB1-R

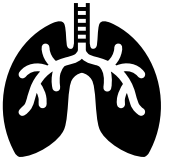
New User

Vasodilation and \uparrow CBF

Chronic User

Cerebral vasospasm \rightarrow ischemic stroke (posterior cerebral circulation affected $\frac{1}{2}$ of cases)

CB1-R



Chronic User

Bronchial tone → hyperreactivity

Pharyngeal & uvular edema → upper airway obstruction

DAH, necrotizing bronchiolitis → edema

Pulmonary embolism (more common with synthetics)



CB1-R

Altered central thermoregulation

→ intraoperative hypothermia

→ severe postoperative shivering

Increased clotting time

Decreased platelet count

Increased risk of bleeding in patients taking warfarin

Anesthetics



Prolongs THP, Ketamine

Prolonged NMB?

Antagonized propofol

Cannabinoid hyperemesis syndrome

γ -aminobutyric acid

COX inhibition

NIS

Largest longitudinal database in the US

7 million patients

→ 35 million represented



Age, race, total charges, hospital characteristics (teaching status, location), \$\$, location, hospital size, admission day, %discharge disposition, and 25 diagnostic and 15 procedural ICD-9 codes and more...

ICD-10 added in Oct 2015

KID

Pediatric version of NIS

2-3 million/year

→ 7 million represented

1997-2012

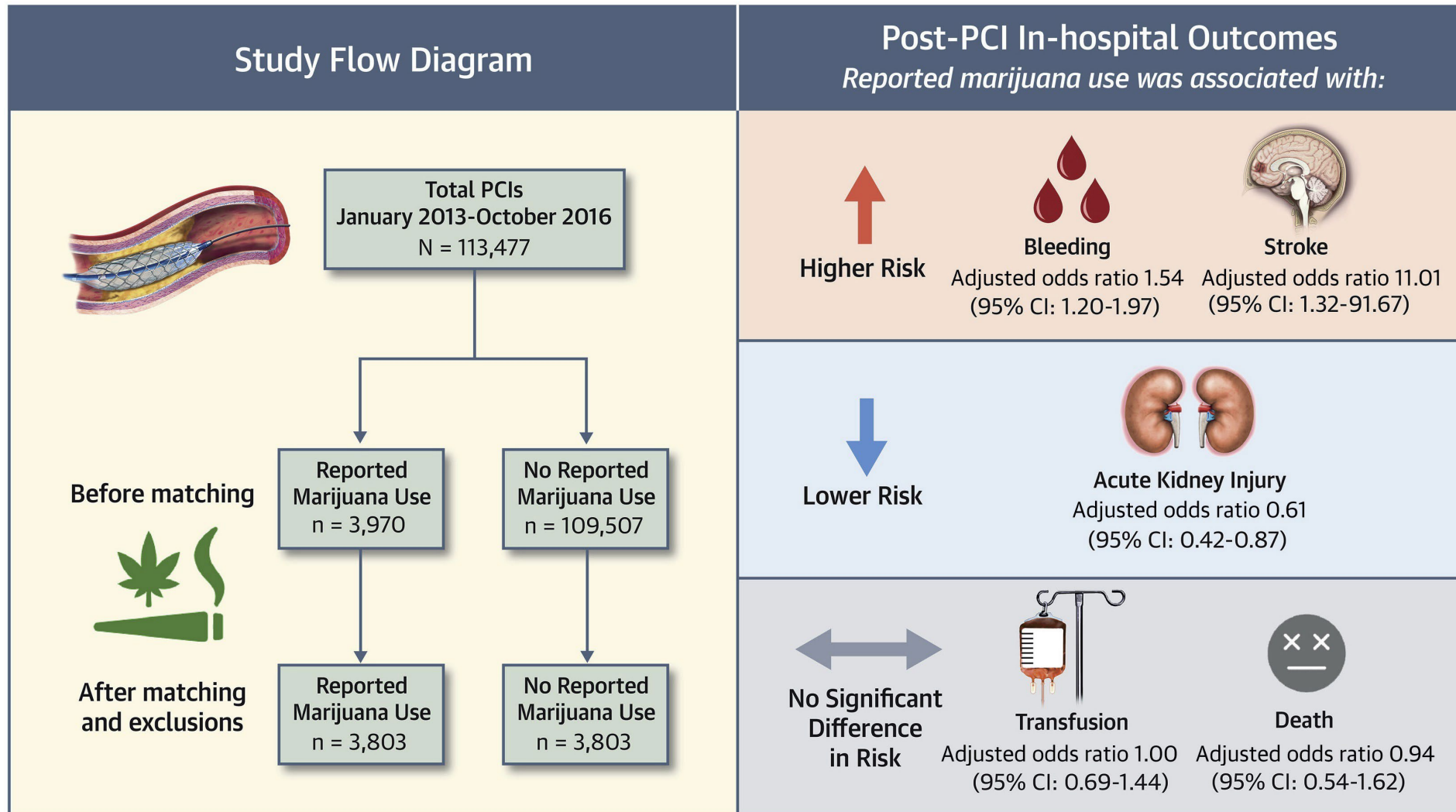
22 states in 1997

44 states in 2012

48 states + DC in 2019



CENTRAL ILLUSTRATION: Study Flow Diagram and Adjusted Odds Ratios of In-Hospital Outcomes After Percutaneous Coronary Intervention in Patients With or Without Reported Marijuana Use



Yoo, S.G.K. et al. J Am Coll Cardiol Intv. 2021;14(16):1757-1767.

Medical Complications Assessed	CUD (%)	Controls (%)	OR	95% CI	P Value ^a
Pneumonia	4.11	0.99	2.41	2.08-2.80	<0.0001
Respiratory failures	1.49	0.35	2.23	1.75-2.85	<0.0001
Myocardial infarctions	0.73	0.19	2.13	1.51-2.99	<0.0001
Ileus	0.69	0.24	1.97	1.41-2.75	<0.0001
Cerebrovascular accidents	1.00	0.32	1.90	1.44-2.52	<0.0001
Acute kidney injuries	4.78	1.47	1.66	1.45-1.89	<0.0001
Urinary tract infections	6.50	2.96	1.52	1.37-1.70	<0.0001
Transfusion of blood products	2.20	1.08	1.26	1.06-1.50	<0.0001
Venous thromboemboli	3.32	2.28	1.03	0.91-1.19	0.579
Deep vein thromboses	2.19	1.69	1.01	0.85-1.19	0.895
Pulmonary emboli	1.05	0.92	0.62	0.49-0.78	<0.0001
Total medical complications	28.08	12.5	1.50	1.40-1.61	<0.0001

TABLE 2. Peri- and Postoperative Outcomes and Complications

Characteristics	Cannabis Use (N = 2184)	No Cannabis Use (N = 2184)	OR (95% CI)	P
In-hospital mortality, all-cause, N (%)	7 (0.3)	2 (0.09)	3.5 (0.7–34.6)	0.095
Discharge disposition, N (%)				0.001
Home/routine	1432 (65.6)	1461 (66.9)	0.9 (0.8–1.1)	
Transfer to short-term hospital	35 (1.6)	21 (1.0)	1.7 (1.0–2.9)	
Skilled nursing/rehabilitation facility	461 (21.1)	379 (17.4)	1.3 (1.1–1.5)	
Home health care	232 (10.6)	304 (13.9)	0.7 (0.6–0.9)	
Against medical advice	16 (0.7)	16 (0.7)	1.0 (0.5–2.0)	
Length of stay, days, mean (SD)	7.1 (10.3)	5.2 (7.9)	—	<0.001
Hospital charges, USD, mean (SD)	137,631.30 (145,286.50)	116,112.60 (122,147.80)	—	<0.001
Complications, N (%)				
Acute kidney injury	56 (2.6)	44 (2.0)	1.3 (0.8–2.0)	0.225
Respiratory complications	102 (4.7)	51 (2.3)	2.0 (1.4–2.9)	<0.001
Thromboembolic events	41 (1.9)	19 (0.9)	2.2 (1.2–4.0)	0.005
Septicemia/sepsis	60 (2.7)	38 (1.7)	1.5 (1.0–2.5)	0.031
Myocardial infarction	7 (0.3)	5 (0.2)	1.4 (0.4–5.6)	0.774
Neurologic complications	23 (1.1)	8 (0.3)	2.9 (1.2–7.5)	0.007

CI indicates confidence interval; OR, odds ratio; SD, standard deviation.

No Δ

Table III. Adjusted Analysis of postoperative outcomes between CUD and Non-CUD patients in propensity-matched cohorts^a

	Unadjusted analyses		OR (95% CI)	P value	Adjusted analyses		OR (95% CI)	P value
	CUDN = 972	Non-CUDN = 189,822			CUDN = 972	Non-CUDN = 972		
Postoperative Complications	33 (3.4)	7,714 (4.1)	0.83 (0.59-1.17)	0.292	33 (3.4)	19 (2.0)	1.76 (0.99-3.12)	0.0491
Cardiac Complications	50 (5.1)	10,704 (5.6)	0.91 (0.68-1.21)	0.5045	50 (5.1)	47 (4.8)	1.07 (0.71-1.61)	0.7547
Respiratory Complications	35 (3.6)	5,080 (2.7)	1.35 (0.97-1.91)	0.0751	35 (3.6)	25 (2.6)	1.41 (0.84-2.38)	0.1897
Sepsis	16 (1.6)	3,172 (1.7)	0.98 (0.60-1.62)	0.9517	16 (1.6)	17 (1.7)	0.94 (0.47-1.87)	0.8606
Infection	99 (10.2)	16,577 (8.7)	1.19 (0.96-1.46)	0.1098	99 (10.2)	68 (7.0)	1.51 (1.09-2.08)	0.0121
AKI	72 (7.4)	16,280 (8.6)	0.85 (0.67-1.08)	0.194	72 (7.4)	73 (7.5)	0.98 (0.70-1.38)	0.9312
CVA	25 (2.6)	2,904 (1.5)	1.69 (1.14-2.53)	0.0084	25 (2.6)	16 (1.6)	1.58 (0.84-2.97)	0.1554
VTE	46 (4.7)	6,835 (3.6)	1.33 (0.98-1.79)	0.0591	46 (4.7)	51 (5.2)	0.90 (0.59-1.35)	0.6025
Major Amputations	10 (1.0)	3,749 (2.0)	0.52 (0.28-0.96)	0.0347	10 (1.0)	8 (0.8)	1.25 (0.49-3.19)	0.6358
Mortality	115,873.1	92,778.4	-	<0.001	115,873.1	92,539.3	-	<0.001
Total Charges, (\$)	1108,062.9- Median, (IQR 1-3)	92,310.5- (93,246.2)	-	<0.001	108,062.9- (123,683.2)	86,924.2- (98,154.5)	-	<0.001
Length of Stay, (days) mean ± SD	8.25 ± 7.47	7.12 ± 8.08	-	<0.001	8.25 ± 7.47	6.33 ± 6.14	-	<0.001

OR, Odds Ratio; CI, Confidence Interval; BMI, Body Mass Index.

^aAll values n (%) unless otherwise stated.

	Unadjusted analyses				Adjusted analyses			
	CUD (n = 2344) (%)	No CUD (n = 507,725) (%)	Crude OR (95% CI) (CUD vs no CUD)	P value	CUD (n = 2342) (%)	No CUD (n = 2342) (%)	Adjusted OR (95% CI) (CUD vs no CUD)	P value
MI	77 (3.3)	12,400 (2.4)	1.36 (1.08-1.71)	.0084	77 (3.3)	50 (2.1)	1.56 (1.09-2.24)	.016
Respiratory failure	198 (8.5)	30,769 (6.1)	1.43 (1.24-1.66)	<.001	197 (8.4)	202 (8.6)	0.97 (0.79-1.20)	.79
Acute kidney injury	242 (10.3)	39,717 (7.8)	1.36 (1.19-1.55)	<.001	241 (10.3)	222 (9.5)	1.10 (0.90-1.33)	.35
VTE	124 (5.3)	17,262 (3.4)	1.59 (1.32-1.90)	<.001	124 (5.3)	159 (6.8)	0.77 (0.60-0.98)	.032
Sepsis	77 (3.3)	18,827 (3.7)	0.88 (0.70-1.10)	.2797	77 (3.3)	119 (5.1)	0.64 (0.47-0.85)	.002
Stroke	128 (5.5)	14,015 (2.8)	2.04 (1.70-2.44)	<.001	128 (5.5)	82 (3.5)	1.59 (1.20-2.12)	.001
Mortality ^a	28 (1.2)	8813 (1.7)	0.69 (0.47-1.00)	.0481	28 (1.2)	40 (1.7)	0.70 (0.43-1.13)	.146

CI, Confidence interval; MI, myocardial infarction; OR, odds ratio; VTE, venous thromboembolism.

Survey weights were not used in this analysis. Significance defined as $P < .05$ for the primary outcome and $P < .006$ for the secondary outcomes. Values are number (%).

^aMortality data were missing for 202 patients in the unmatched cohort and 6 patients in the matched cohort.

Potnuru et al

January 2016 to December 2019

Coding population unique

myocardial ischemia, acute kidney injury, stroke, respiratory failure, venous thromboembolism, hospital-acquired infection, and surgical procedure–related complications

2,848,4087 → 2,393,989 → 811,270 → 6,211 (PSM)

Potnuru PP, Jonna S, Williams GW 2nd. Cannabis Use Disorder and Perioperative Complications. *JAMA Surg.* 2023;158(9):935-944

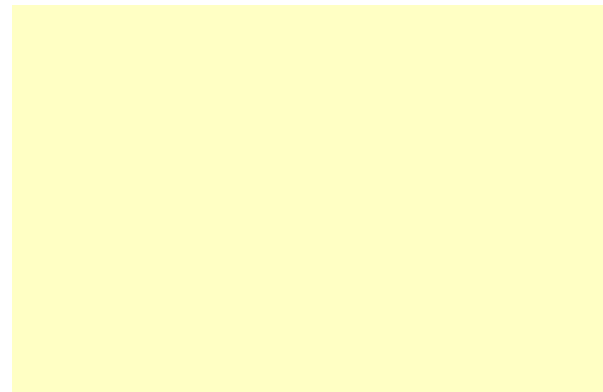
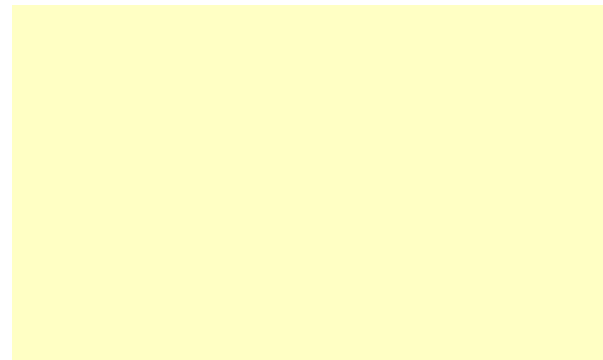
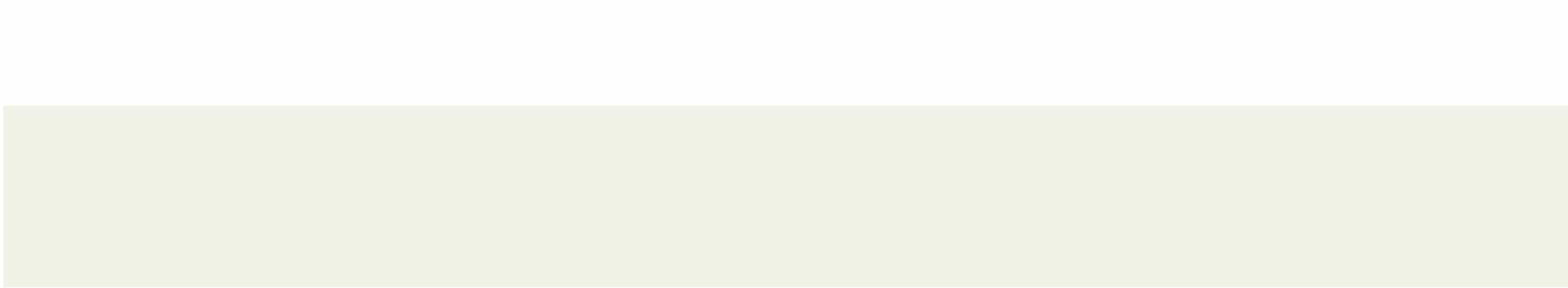
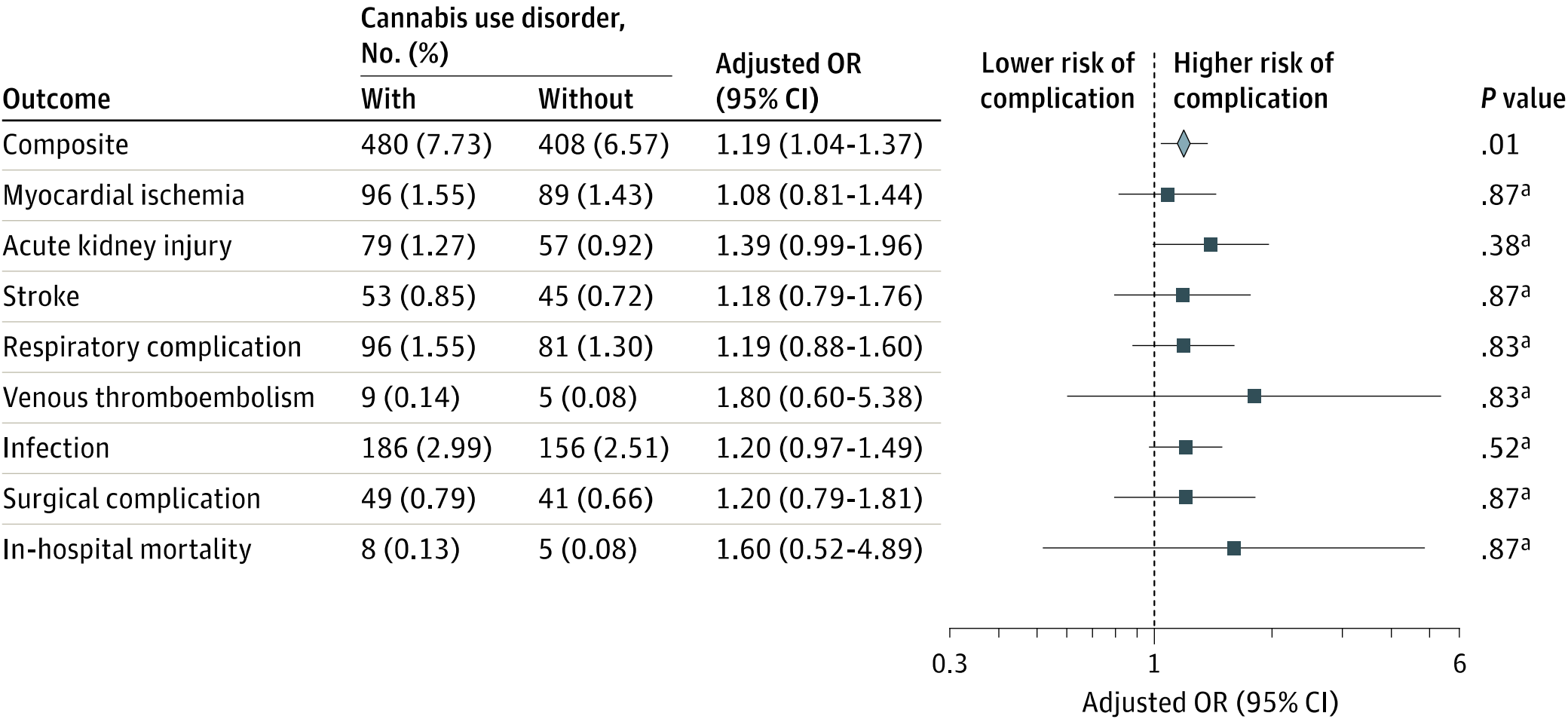


Figure 2. Analysis of the Association of Cannabis Use Disorder With Perioperative Complications After Major Elective Inpatient Surgery



Conclusions

CUD is growing

Cannabinoids do affect anesthetic management

Administration type may further exacerbate outcome challenges