

I have no disclosures











Climate change is happening

Health is affected by climate change now

Healthcare is contributing to GHG and waste

Volatile anesthetics are potent greenhouses gases

Anesthesia providers have a role and can help

Climate Change, Health and Healthcare



Healthcare and Surgical Impacts on Climate Change



- US Healthcare is responsible for 10% of US's GHG emissions (1) and 27% of world's healthcare GHG emissions
- If the US healthcare sector was a country, it would rank 13th in the world (2)
- ORs produce 25-30% of total hospital waste (3)
- One routine surgery produces as much garbage as a family of 4 in one week (4)
- 1. WRI CAIT 2.0 http://catit2.wri.org
- 2. Eckelman MJ and Sherman J. PLOS 2/9/16
- 3. ASA Greening the Operating Room and Perioperative Arena Guidelines
- Esaki RK e and Macario A. Medscape Anesthesiology 10/21/09

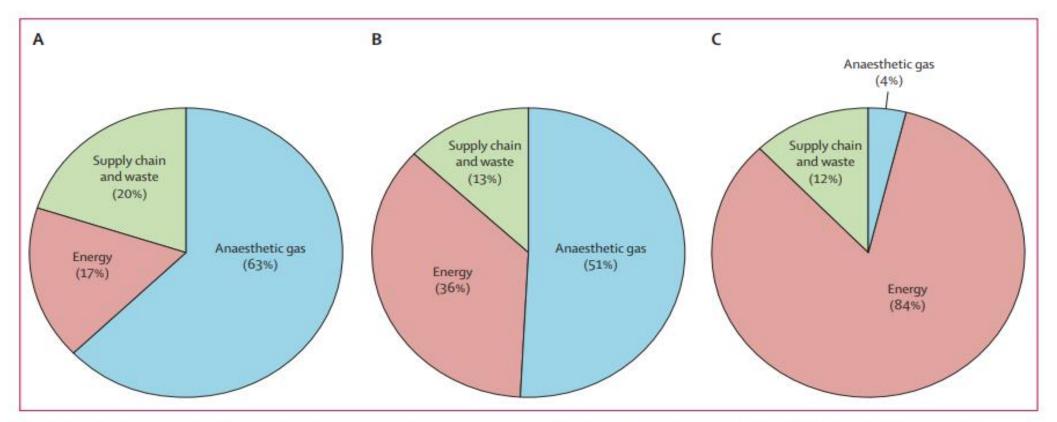


Figure 2: Relative contribution of scopes 1, 2, and 3 to the carbon footprint of operating theatres at (A) Vancouver General Hospital, (B) University of Minnesota Medical Center, and (C) John Radcliffe Hospital

Anaesthetic gas=scope 1. Energy=scope 2. Supply chain and waste=scope 3.

The impact of surgery on global climate: a carbon footprinting study of operating theatres in three health systems

Lancet Public Health, 2017

Andrea J MacNeill, Robert Lillywhite, Carl J Brown

Inhaled Volatile Anesthetic Agents







100ml 10 bottles = \$ x 250ml 2 bottles = \$x

240ml \$ x

189 miles

123 miles

2216 miles

Anesthesia Gases

1 MAC inhaled agent at various FGFs	Atmospheric lifetime (yrs)	100 yr Global Warming Potential (GWP) per kg compared to CO2 = 1	Equivalent auto miles driven per hr use of anesthetic
Sevoflurane 2% 2L FGF	1.1	130	8
Isoflurane 1.2% 2L FGF	3.2	510	18
Isoflurane 1.2% 1L FGF			9
Desflurane 6% 2 L FGF	14	2540	<mark>400</mark>
Desflurane 6% 1 L FGF			<mark>200</mark>
N2O 60% 1 L FGF	<mark>114</mark>	298	<mark>61</mark>

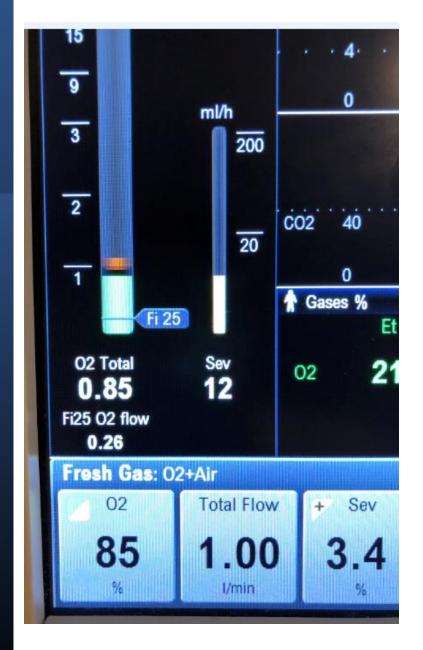
Studies show propofol waste is more than given frequently Waste appropriately; harmful for aquatic species

ASA Environmental Task Force Guidelines Sulbaek Andersen MP et al. Anesth Analg 2012; 114(5): 1081-5 Ryan SM and Nielsen CJ. Anesth Analg 2010; 111(1): 92-98 Sherman J et al. Anesth Analg 2012; 114(5): 1086-90 Propofol significantly less GHG emissions than desflurane; even with waste, tubing, electricity for pumps. Fresh Gas Flow Examples





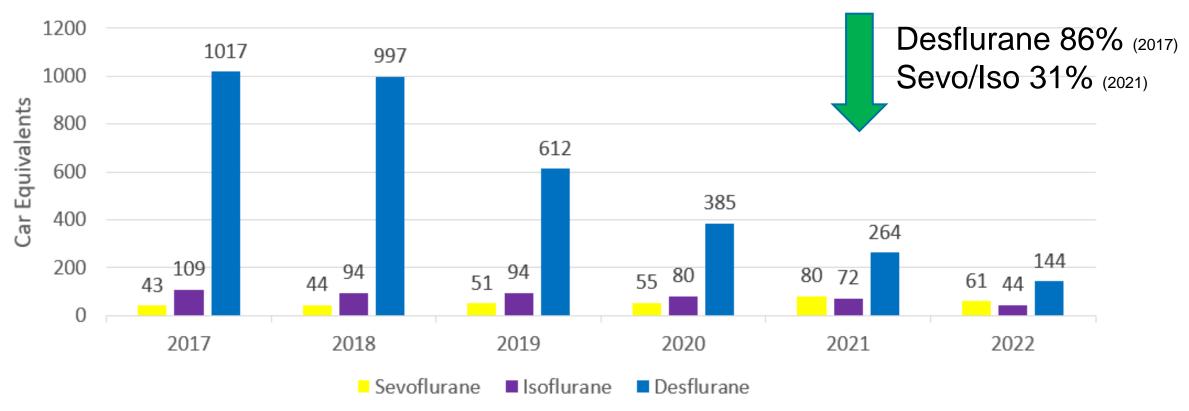
Examples





MAYO CLINIC ROCHESTER EXPERIENCE





Environmental Impacts of Nitrous Oxide

Global Warming
Potential
(GWP₁₀₀)

265-273

Lasts **114 years** in the atmosphere

Low potency, high MAC 105%

60% N₂O at 1 L/min FGF

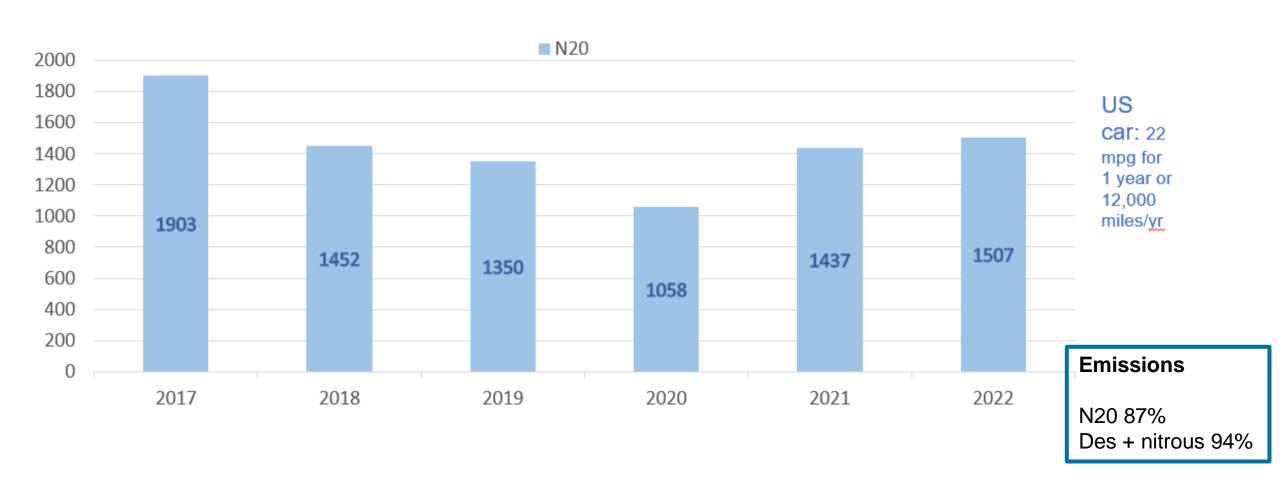
= 60 miles driven in a car

Ozone destroyer

7% of US's GHG (most agricultural/soil)

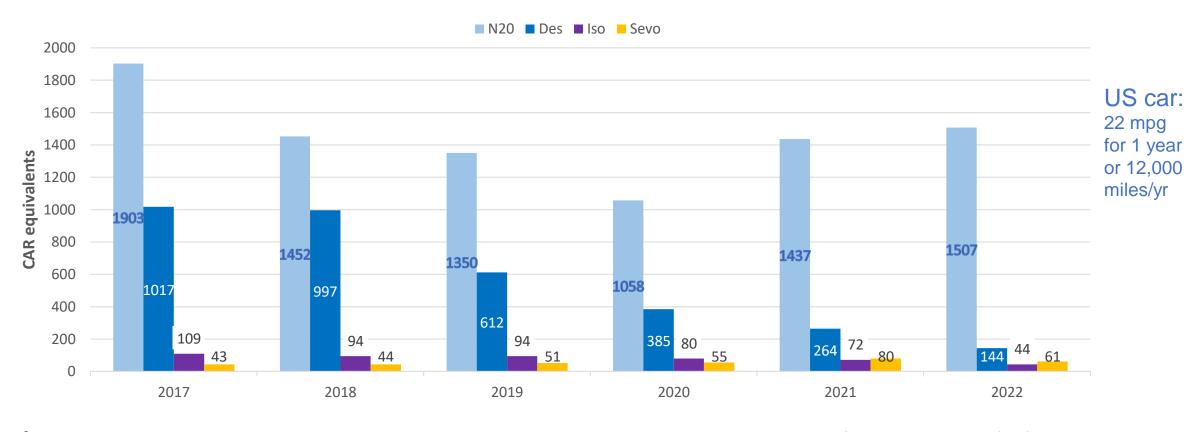
 Medical N₂O is significant

NITROUS OXIDE—6X MORE EMISSIONS THAN OTHER VOLATILE AGENTS, IN 2022



N₂O Impact is 6x Worse than all VAs combined in 2022: Mayo

emissions measured in car equivalents



GHGs from:				Mayo data; epa CO ₂ calculator		
Des + N ₂ O %	95%	95%	93%	92%	92%	94%
N ₂ O alone	62%	56%	64%	68%	78%	87%

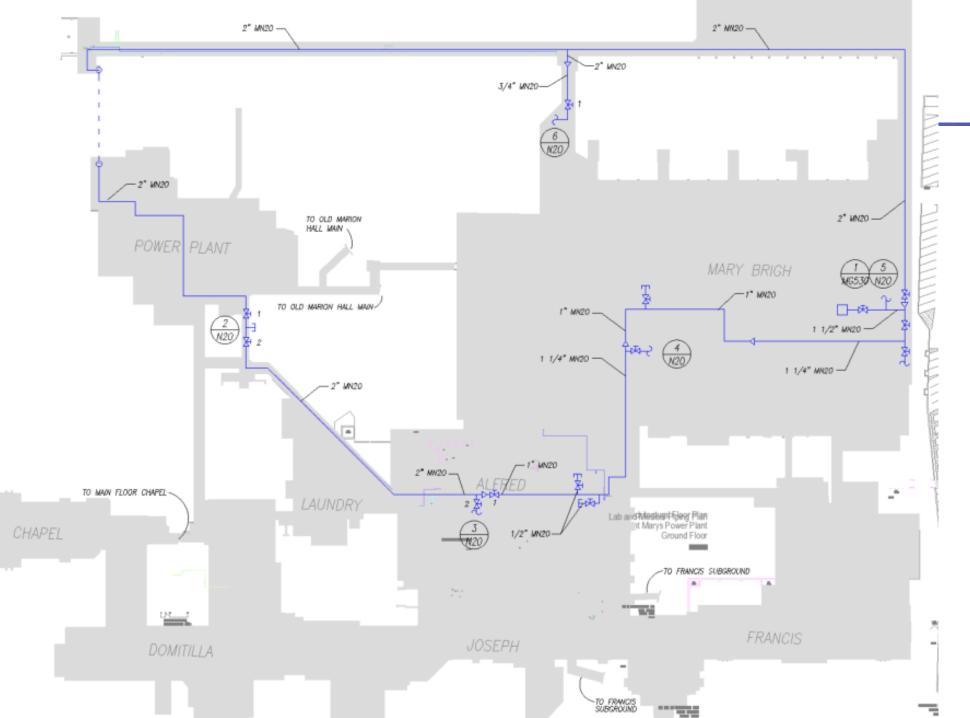
Centralized Nitrous Oxide Storage/Transfer: Why it Matters







Portland Experience, Dr. Brian Chesebro, CleanMed 2022 conference.



St. Marys Hospital Rochester, MN

1200 beds 9 Buildings

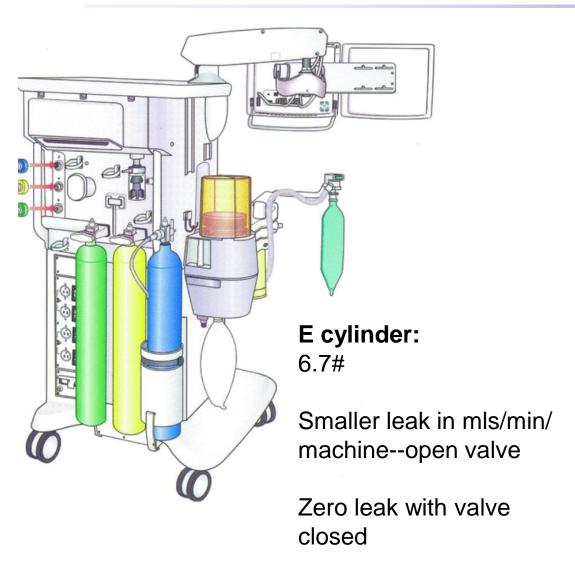
82 ORs 30 outfield

N₂O piping—5 buildings

Engineer—2+ hrs walking

Potential leaks at every connection point

Nitrous Procurement Varies by Storage Tank



	Portland St. Vincent's Hospital		Mayo Rochester	
	mtCO2e	Equiv. Cars	mtCO2e	Equiv. Cars
Cryogenic	594	128	6610	<mark>1507</mark>
Compressed H tanks	234	<mark>50</mark>		
E cylinders	5.6	1.2	?	<mark>15?</mark>

- 99% reduction in nitrous oxide procurement
- Recent studies show 90-95% waste

Actions:

- Centralized nitrous oxide tanks should be decommissioned.
- E cylinders used at the POC & turned off when not in use.
- Highly selective usage, if at all
- Low flows



Strategies to Reduce Greenhouse Gas Emissions from Laparoscopic Surgery

Thiel C et al. American Journal of Public Health 2018; 108: S158-164.

• Combination of approaches is most effective

Intervention	GHG gas reduction	
Maximized recycling, minimized regulated medical waste, reusable gowns and drapes	5%	
Using SUD reprocessed instruments	10%	
Anesthesia: Avoiding N20, desflurane	25-50%*	
Minimizing material use and selecting reusable surgical instruments	50-70%	
Occupancy sensors to decrease air exchanges when empty	30% less electricity use—cost savings and GHG reductions	

Conclusions

- Think about desflurane and nitrous oxide
 - Selectively use
 - Avoid if you can
 - Decommission or abandon central tanks of nitrous oxide
- Low FGF during maintenance
 - Low flow functions on new anesthesia machines
- Consider propofol supplementation/TIVA
- Consider regional techniques



