

triple antithrombotic therapy was continued in the ICU and as a result a permanent bleeding was observed leading to blood transfusions. The operation was performed 24 h later under WALANT technique with the patient's consent. We injected 10 mL of 2% lidocaine with 1:200,000 epinephrine at the root of the thumb in the volar aspect and 5 more in the proximal vicinity the dorsal wound. Bleeding stopped promptly and percutaneous pinning and suture were then performed. No rebleeding was observed and analgesia lasted 10 h. No further complication occurred under dual platelet therapy.

WALANT is spreading worldwide and is a new concept of regional anesthesia in hand surgery.³ Its corner stone is the use of epinephrine associated with lidocaine injected subcutaneously in the surgical field and in the fingers if needed. It provides locally efficient exsanguination and makes it possible to perform the surgical procedures without using a pneumatic tourniquet, in addition the hand motricity is respected unlike brachial plexus block.

In case of surgery the decision regarding whether or not to interrupt or even reverse antithrombotic treatment will depend on the specific clinical situation, but also on the indication for the antithrombotic treatment. Current recommendations concerning the perioperative management of patients with coronary stents indicates that non-urgent surgery should be postponed until the end of the period of susceptibility to stent thrombosis. There are no guidelines concerning the management in case of recent infarction and limited data concerning bleeding in the setting of antiplatelet therapy. Administration of platelet concentrate is probably the best way to correct the hemostatic defect.⁴ Furthermore epinephrine could potentiated ADP-induced platelet aggregation and activation in ticagrelor-treated patients.⁵

Thus we hypothesize that the transient vasoconstriction and the local action of epinephrine on the platelet aggregation were sufficient to achieve durable hemostasis. WALANT technique is certainly a safer alternative than general or regional anesthesia in the setting of acute myocardial infarction, and makes it possible to cope with a


local bleeding without modifying a mandatory antithrombotic therapy.

Conflicts of interest

The authors declare no conflicts of interest.

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Global trend on reducing clear fluids fasting time in children: declaration of the Pediatric Anesthesia Committee and the scenario in Brazil



Tendência mundial de redução do tempo de jejum de líquidos claros em crianças: declaração do Comitê de Anestesia em Pediatria e o cenário no Brasil

Dear Editor,

According to the Preoperative Fasting Guidelines of American Society of Anesthesiologists updated in 2017, the recommendation for clear fluids fasting in children is 2 h.¹ These orientations were made based on systematic reviews of literature, considering the primary objective of reducing

pulmonary aspiration, although this risk is known to be very low in healthy children,² and the harm resulted from aspiration of clear liquid is very rare.³

The APRICOT study² demonstrated a risk of aspiration of 9.3/10000, and none of these children presented serious complications. A recent study from Children's Hospital of Philadelphia⁴ applied a quality improvement methodology to decrease fasting time in children admitted for outpatient procedures. Their main objective was to reduce clear fluids fasting time to less than 4 h allowing children to have clear liquids up to 30 min of arrival at the hospital. They improved their clear fluids fasting time of less than 4 h from 20% to 63% without any event of surgery cancelation or pulmonary aspiration. Considering the American Society of Anesthesiologists guidelines, this study was the first in the USA to allow 1-h clear fluids fasting in children.

For the anesthesiologists who have their majority of practice with children, is not uncommon to face patients with

very long fasting time, often up to 6–15 h, besides proper preoperative orientation for 2 h clear fluids fasting time. In Brazil, mainly in hospital when both adults and children are treated, this time could be longer, which could impair the perioperative quality.

Based on this reasoning and evidences, the European Society for Paediatric Anaesthesiology (ESPA), along with L'Association Des Anesthésistes-Reanimateurs Pédiatriques d'Expression Française and the Association of Paediatric Anaesthetists of Great Britain and Ireland endorsed a new consensus statement reducing clear fluids fasting from 2 to 1 h.⁵

According to the new ESPA consensus statement,⁵ it is recommended to offer 3 mL.kg⁻¹ (predicted weight) of clear fluids. A practical way would be offering 55 mL to children from 1 to 5 years old, 140 mL to children 6–12 and 250 mL to those older than 12. Contraindications should be on the discretion of the anesthesiologist and/or surgical team, such as gastro-esophageal reflux, renal failure, cerebral palsy, enteropathies, diabetes mellitus and/or surgical contraindications.

The ESPA consensus statement⁵ was published in February 2018 and endorsed by European Society of Anaesthesiology and SPANZA (Society for Paediatric Anaesthesia of New Zealand and Australia) in March 2019.^{3,6} In April 2019 the Canadian Society of Pediatric Anesthesia stated, "Pediatric patients should be encouraged and allowed to ingest clear fluids up to 1 h before elective anesthesia or sedation", endorsing the European new consensus statement.⁷

Since the Brazilian Society of Anesthesiology does not have specific guidelines, each hospital or anesthesia department defined their fasting time policy according to current literature. The American Society of Anesthesiologists has not yet pronounced about these new consensus statements in Europe, Canada, and Australia/New Zealand maintain their recommendations of 2 h clear fluids fasting time.

We believe that is necessary to be aware of such changes and choose either to be conservative and wait for a large multicenter observational study to solidify this new statement or endorse these important societies which already lowered the clear fluids fasting time from 2 to 1 h.

Conflicts of interest





The authors declare no conflicts of interest.

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