

A clearer view on postoperative cognitive dysfunction? [Letter]

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Dear editor

Fathy et al¹ rightfully emphasize the importance of postoperative cognitive dysfunction (POCD) as it is associated with longer length of in-hospital stay and an increased mortality in the first year after surgery.^{2,3} However, in contrast to the conclusion made by Fathy et al, it is not anesthesia and surgery that are risk factors for the development of POCD.⁴ Baseline patient characteristics (education level, age, frailty) and in-hospital delirium are major contributors for the development of POCD.²⁻⁴ Subsequently there were no differences found in the incidence of POCD between regional vs general anesthesia.⁵ Although Fathy et al target a very vulnerable patient group with respect to risk factors of developing POCD, it is very unlikely, in relation to the aforementioned, that there will be a difference in incidence between two local anesthetics. Fathy et al confirm this in their own study;¹ there is a similar (nonsignificant) incidence of POCD in patients receiving lidocaine and in patients receiving bupivacaine during cataract surgery. So, the challenge in the prevention of POCD is not in the anesthetic technique or drug, but in the identification and treatment of modifiable risk factors and postoperative delirium.

Disclosure

The authors report no conflicts of interest in this communication.

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