# Opioid-free anesthesia for the obese: An evolving script...

Dear Editor,

The most recent issue of the *Saudi Journal of Anesthesia* provides extremely useful insights into the intricacies of bariatric anesthesia.[1] However, the ever-evolving nature of our specialty calls for a constant acknowledgement of newer emerging concepts. The aforementioned is exemplified by the present-day concept of an opioid-free anesthesia (OFA), the latter gaining impetus by virtue of an increasing embracement of the non-opioid analgesics and innovative regional techniques.[2] Withstanding the same, elaboration on the scope of OFA for the obese would be an appropriate extension of the discussion on bariatric anesthesia, resonating well with the *Journal*'s readership.

While opioid stewardship in itself remains an ardently researched topic,[2] the obese in particular can be overly susceptible to opioid-related adverse events. As per the American Society of Anesthesiologists (ASA) closed claims database, as much as 48% of the adverse respiratory events consequent to opioids transpired in obese individuals.[3] The risk becomes all the more pronounced in those with obstructive sleep apnea given an enhanced propensity to upper airway obstruction. The altered pharmacokinetics of opioids in the obese further compound the matter.[3]

The proponents of OFA additionally cite that limiting the intraoperative opioids is expected to assume an enhanced relevance in the context of tolerance and hyperalgesia, the latter potentially culminating as increased postoperative opioid requirements. From a specific research standpoint in the obese population, a very recent meta-analysis by Hung *et al.* on the impact of OFA on analgesia and recovery following bariatric surgery deserves attention.[4] Subsequent to a pooled analysis of eight randomized, controlled trials (RCTs), OFA was found to be associated with lower 24-h pain scores and risk postoperative nausea vomiting (PONV) in absence of a significant beneficial role in minimizing the 24-h postoperative opioid consumption. Nonetheless, owing to an inconsistent quality of evidence for outcomes other than PONV, the authors propound the need for future well-designed RCTs featuring OFA in the obese.[4] Moreover, the obese being a characteristically predilected cohort, safety of an OFA regime is undeniably pivotal especially reflecting upon the premature termination of projects such as the Postoperative and Opioid-free Anesthesia (POFA) trial following cases of severe bradycardia with non-opioid analgesics like dexmedetomidine.[5]

To conclude, OFA presents a new horizon to the anesthesiologists involved in the perioperative care of the obese. However, the script of OFA for the obese would only evolve in the times to come backed by an enriching evidence and experience in the affiliated domain and efficiently consolidating our eternal pursuit of an augmented perioperative patient safety.

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### Conflicts of interest

There are no conflicts of interest.

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