Comment on Published Article

Balanced anaesthesia 2.0: Free from opioids, free from problems?

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Dear Editor,

Jose *et al.*[1] recently outlined the utility of opioid-free anaesthesia (OFA), employing dexmedetomidine and lignocaine infusions for haemodynamic stability in modified radical mastectomy (comparable to opioid-based anaesthesia [OBA] with morphine), accompanied by a better recovery profile as opposed to OBA. The authors' randomised controlled trial (RCT) premises sample size on the haemodynamic parameters emanating from a study in laparoscopic surgery, wherein the corresponding haemodynamic fluctuations can be peculiarly different.[1,2] Moreover, having attributed improved patient satisfaction in their OFA group to reduced postoperative nausea and vomiting, the authors do not clarify whether the study participants received antiemetic prophylaxis.[1] In addition, the 2020 procedure-specific pain management guidelines by Jacobs *et al.* recommend routine use of intraoperative nonopioid systemic analgesics like nonsteroidal anti-inflammatory drugs (Grade A) or paracetamol (Grade B) in oncological breast surgical patients, the account of which is also lacking in the study by Jose *et al.*[1,3] Notably, the 'postoperative and opioid-free anaesthesia' RCT was prematurely terminated due to cases of severe bradycardia with dexmedetomidine.[4] Hence, although two patients developed bradycardia in the Jose *et al.* OFA group (that too, despite lower sedation scores), the finding needs to be interpreted with caution in the context of overall patient safety.[1,4] It is too early to assume safety amidst 'polypharmacy' in achieving balanced anaesthesia 2.0 with OFA, even more true for a mastectomy setting where opioid sparing can be potentially planned around effective regional analgesic techniques.[1,3,4]

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Conflicts of interest
There are no conflicts of interest.

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