Correspondence

Regional anesthesia and pre-existing neurological disease - I

To the Editor:

We read with interest the recent case series by Dhir and colleagues¹ and commend their decision to perform regional anesthesia (RA) in the setting of an underlying peripheral neurological disorder where the risks of general anesthesia (GA) arguably outweighed those of RA. Unfortunately, until we are better able to quantify the risks of RA, many patients, including those with underlying peripheral neurological disorders, will continue to be declined RA because of a perceived increased risk of complications. Conversely, other providers, feeling (falsely?) reassured by the advent of ultrasound (US) guidance, may choose to perform RA in patients predisposed to nerve injury. In order to allay fears, dispel myths, reinforce knowledge, inform patients, and provide the 'safest' anesthetic, we must endeavour to collect the data, and lots of it. To detect a difference between groups of patients or methods of nerve localisation, the rarity of *permanent* neurological injury following peripheral nerve blockade would necessitate impossibly large numbers of patients in a randomized controlled trial.² A prospective, contemporary, multicentre, national or international database of all patients undergoing RA, particularly peripheral nerve blockade, is in order. National reporting schemes, whether voluntary or mandatory in nature, have previously produced insightful data regarding the incidence of neurological complications following RA.³⁻⁵ However, these data are now increasingly outdated with respect to peripheral nerve blockade. With the advent of US as a method of nerve localisation and as RA continues to gain in popularity, there is an explosion of workshops, courses, and fellowships. As the cohort of experts expands, due to fervent interest and improved training, so too does the number of enthusiastic novices, both of which may influence the rate of complications. The Royal College of Anaesthetists in the United Kingdom is currently auditing complications of neuraxial blockade, and the response rate, to date, appears to be excellent.⁶ A similar initiative, or

the same as we describe above, is required for peripheral nerve blockade. Only by collecting sufficient numbers can we ever hope to tease out whether patients, for example, patients with Charcot-Marie-Tooth, are truly at greater risk, or if US guidance truly reduces risk of nerve injury.

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