Correspondence

Analgesia in bariatric patients following upper abdominal surgery

To the Editor:
In their recent article, Charghi *et al.*[1] conclude that in grossly obese patients undergoing gastric bypass surgery patient-controlled analgesia (PCA) with *iv* morphine is an acceptable strategy for pain management and may confer some advantages when compared to epidural analgesia. This article raises several interesting points that merit further discussion.

We would first like to comment on some of the methodological limitations outlined briefly by the authors. As this was a retrospective review, selection bias was inevitable. Informed consent is difficult to obtain under normal circumstances but when consent is delegated to individual anesthesiologists the content and manner of presentation will vary enormously.

Placing epidural catheters at T11–12, L1 levels for upper abdominal surgery is a formula for failure. This one flaw seriously limits any conclusions that can be drawn.

Placing epidural catheters in bariatric patients may present a challenge. However, this possibility should not discourage prospective studies - failure to place an epidural catheter should simply be considered a failure of epidural analgesia.

The lack of adequate surveillance data (incident pain, extent of block, etc.) further prevents any firm conclusions from being drawn about comparative analgesia. In summary, we feel that the conclusions drawn may be relevant, but only to patients managed in exactly the manner described.

Our practice is to place a thoracic epidural catheter (T7–9 for upper abdominal surgery), confirm its placement and function with a Tsui test,[2] and manage the catheter with a PCA system using a combination of either fentanyl or hydromorphone and 0.1% bupivacaine. We believe that the analgesia conferred by this method is superior to that provided by *iv* PCA narcotic but we have no comparative trial in this patient population to substantiate our opinion.

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References

1 *Charghi R, Backman S, Christou N, Rouah F, Schricker T.* Patient controlled iv analgesia is an acceptable pain management strategy in morbidly obese patients undergoing gastric bypass surgery. A retrospective comparison with epidural analgesia. Can J Anesth 2003; 50: 672–8.

2 *Tsui BC, Gupta S, Finucane B.* Confirmation of epidural catheter placement using nerve stimulation. Can J Anaesth 1998; 45: 640–4.

Reply:

We appreciate Drs. Lang's and Arraf's interest in our article on different pain treatment strategies after bariatric surgery. All the methodological limitations including "retrospective nature of the study," "selection bias," and "lack of adequate surveillance data" represent valid concerns and were accordingly addressed in our article.[1] It was not the purpose of our manuscript to discourage the use of either epidural analgesia in morbidly obese patients or the initiation of prospective studies but rather to emphasize that iv patient controlled analgesia (PCA) with morphine is an acceptable strategy to achieve adequate pain control after open gastric bypass surgery. Moreover, its ease of use must be factored in the risk-benefit comparison when choosing a method for postoperative analgesia control in this challenging type of patient. Although in our institution we enthusiastically encourage the use of thoracic epidural catheters for upper abdominal procedures one has to be careful with statements such as "placing epidural catheters at T11–12, L1 levels for upper abdominal surgery is a formula for failure." Notwithstanding the fact that reliable and correct identification of the exact spinal segment may be difficult, particularly in the morbidly obese patient, no prospective data in this unique patient population are available yet to substantiate the authors' statement who "believe that epidural analgesia" (using local anesthetic and narcotics) "is superior to analgesia provided by iv PCA narcotic."

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Reference

1 *Charghi R, Backman S, Christou N, Rouah F, Schricker T.* Patient controlled iv analgesia is an acceptable pain management strategy in morbidly obese patients undergoing gastric bypass surgery. A retrospective comparison with epidural analgesia. Can J Anesth 2003; 50: 672–8.