



The efficacy and safety of opioid-free anesthesia combined with ultrasound-guided intermediate cervical plexus block vs. opioid-based anesthesia in thyroid surgery: a randomized controlled trial

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To the Editor:

We read with interest the article “The efficacy and safety of opioid-free anesthesia combined with ultrasound-guided intermediate cervical plexus block vs. opioid-based anesthesia in thyroid surgery—a randomized controlled trial” [1] by Zhi Liu, published in your esteemed journal. The article displays superior outcomes in thyroid surgery when patients are managed with opioid-free anesthesia (OFA) as opposed to patients being treated with opioids. Over 80% of surgeries include usage of opioids today, despite the increasing research displaying that OFA may be equally adequate, or superior to anesthesia techniques using opioids in terms of patient reported quality of recovery [2]. We commend the author’s efforts in their research and for their findings. Additionally, we believe a similar study directed towards the outcomes of patients undergoing surgery with a history of obstructive sleep apnea (OSA) should be considered. The risks of respiratory depression with opioid usage have long been known to be a major cause of mortality in patients with OSA. As OSA is becoming more prevalent in a society with high obesity rates, it is important to explore the best approaches to OSA patient’s surgical care [3]. Therefore,

further studies aimed at determining if OFA should be the gold standard for patients with OSA undergoing anesthesia for major surgeries.

Declarations

Conflict of interest The authors have no conflicts of interest.

References

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