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LETTERS TO THE EDITOR

Postoperative analgesia after total knee arthroplasty



Analgesia no pós-operatório de artroplastia total de joelho

Dear Editor,

We read with great interest the article of Wang et al.¹ concerning the use of continuous local anesthetic infusion via catheters placed with ultrasound guided and nerve stimulator beside femoral nerve for postoperative analgesia after total knee arthroplasty (TKA). We congratulate them on the presentation of the article. However, we would like to add some comments.

We agree with author that rehabilitation after TKA is an important determinant of post-operative functional reconstruction of knee.¹ Physical therapy with early joint mobilization is also an important aspect to achieve good results. Therefore pain management after TKA is essential and may effect success rate of surgery.

Regional analgesia is commonly used for TKA as it has lesser side-effects and better analgesia when compared with traditional oral analgesics.² Among the regional analgesia techniques, continuous epidural analgesia and continuous femoral block analgesia are preferred to use after TKA.³

Continuous epidural analgesia has definite effectiveness, and a few systemic side effects. It has been widely applied in clinical practice. However, this procedure still causes respiratory depression, hemodynamic instability, intestinal obstruction, urinary retention, pruritus, motor block, and walk limitation.⁴ Continuous femoral nerve block has special advantage for the analgesia in postoperative pain.^{5,6} It is that this technique may have less side effects than the others but continuous epidural analgesia may be more successful with postoperative pain management.

Anatomically, the knee joint takes its nerve supply primarily from the femoral nerve; however, there seems to be an important component from the sciatic nerve that evinces as pain related to calf and leg.² Previous studies are inconclusive concerning the necessity of sciatic nerve block and also there are nearly an equal number of studies discussing adequate and inadequate block with femoral nerve block alone.⁷ However a study of Zugliani et al.

demonstrated that sciatic nerve block with one single dose associated with continuous femoral nerve block improved significantly the quality of postoperative analgesia in TKA.⁸

We think that sciatic nerve block and femoral nerve block may be performed together or single shot sciatic nerve block may be added for insufficient femoral nerve block and also the use of ultrasound-guided continuous femoral nerve block for postoperative pain control in TKA may be a good alternative to continuous epidural analgesia.

Conflicts of interest

The authors declare no conflicts of interest.

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BJA: a bit of history



RBA: um pouco de história

Dear Editor:

“I note with satisfaction that in January 2016 the thirty-ninth year of uninterrupted activity as a member of the Editorial Board of the Brazilian Journal of Anesthesiology (BJA) is starting.” Invited by the former Chief Editor Mario Villamil Bento Gonçalves, I joined the Board in January 1978 with the task of implementing the “Bibliographical Review” section, with abstracts of papers published in international journals of the specialty. In January 1980, with the late Masami Katayama, there were significant changes to the Journal layout and presentation. The “Educational Numbers”, which I had the privilege of coordinating, invited by Masami, have provided ammunition to the Education and Training Centers of the SBA with educational material about the scientific basis of the specialty, filling though partially a need in this area. Masami held the position with enviable proficiency until 1988, establishing guidelines for the future of the Journal.

Antonio Leite Silva Filho (1989–1994), Luiz Marciano Cangiari (1995–2003), Judymara Lauzi Gozzani (2004–2009), Mário José da Conceição (2010–2015) and, currently, Maria Angela Tardelli followed his footsteps.

All honor me with the invitation to remain part of the Editorial Board, and so I was able to witness the effort and competence of everyone in the safe conduction of the main scientific dissemination organ of the SBA.

In 1990, as Chairman of the Board of the SBA, I had another privilege: to forward the BJA international exposure process in which was edited an annual number in English with articles selected by the Editorial Board that year. It

was the “Brazilian Journal of Anesthesiology – International Issue”, Volume 1, 1990. Unfortunately in 1990 management, the “Collor Plan” caused problems for the financial situation of the SBA, not allowing the publication of the Brazilian Journal first issue that year, which happened however early in the next administration, under the chairmanship of my friend Carlos Alberto Souza Martins.

During all these years, I followed the long and painful process of the BJA indexation and modernization. It has never been a lack of bravery and dedication in any of the Editors for the Journal to reach the situation of excellence and international recognition that boasts today. And I cannot but express my feeling of great satisfaction to be able to have contributed over this period with one hundred ninety-seven publications in the BJA, comprising clinical and experimental research papers, review articles, editorials, and others. Because as Plato said: “spoken words fly, but writing remains”. And when the writing remains in a matrix of the BJA caliber, the achievement is much more rewarding.

Conflicts of interest

The author declares no conflicts of interest.

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