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LETTERS TO THE EDITOR

We need patients more obese



Precisamos de pacientes mais obesos

Dear Editor,

We read with interest the work by Urfalioglu and colleagues¹ about ultrasound-guided versus surgical transversus abdominis plane block in obese patients. The conclusion of this study is that ultrasound guided and surgical TAP blocks were safe and had similar efficacy in providing post-operative analgesia in obese pregnant women following cesarean section. We agree that TAP block, surgical or ultrasound guided, is a safe technique useful to limit the use of opioids that could interfere also with breastfeeding but we have to point out that conclusion by authors could be misleading. In fact patient's BMI is not really high; 35.5 ± 1.85 in ultrasound group and 36.1 ± 1.97 in surgical group corresponding to Class I obesity or low Class II obesity that are not representative of morbid or super obesity. We think that advantages of surgical TAP block could be clearer with a higher BMI class (>40 or Class III obesity). As rightly observed by Urfalioglu and colleagues' technical difficulties may occasionally be encountered regarding probe insertion and distinction of the abdominal muscle layers because of obesity and this is even truer at higher BMI possibly leading to misplacing of local anesthesia or complications (i.e., bowel puncture).

Conflicts of interest

The authors declare no conflicts of interest.

Reference

1. Urfalioglu A, Bakacak M, Boran OF. Ultrasound-guided versus surgical transversus abdominis plane block in obese patients following cesarean section: a prospective randomised study. *Rev Bras Anesthesiol.* 2017;67:480–6.

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