Re: Deep Neuromuscular Blockade Improves Surgical Conditions During Low-Pressure Pneumoperitoneum Laparoscopic Donor Nephrectomy

Özdemir-van Brunschot DMD\textsuperscript{1}, Braat AE\textsuperscript{2}, van der Jagt MFP\textsuperscript{1}, Scheffer GJ\textsuperscript{3}, Martini CH\textsuperscript{4}, Langenhuijsen JF\textsuperscript{5}, Dam RE\textsuperscript{2}, Huurman VA\textsuperscript{2}, Lam D\textsuperscript{2}, d’Ancona FC\textsuperscript{5}, Dahan A\textsuperscript{4}, Warlé MC\textsuperscript{1}

\textsuperscript{1}Radboud University Medical Centre, Department of Surgery, Division of Vascular and Transplant Surgery, Nijmegen, The Netherlands
\textsuperscript{2}Leiden University Medical Center, Department of Surgery, Leiden, The Netherlands
\textsuperscript{3}Radboud University Medical Centre, Department of Anesthesiology, Nijmegen, The Netherlands
\textsuperscript{4}Leiden University Medical Centre, Department of Anesthesiology, Nijmegen, The Netherlands
\textsuperscript{5}Radboud University Medical Centre, Department of Urology, Nijmegen, The Netherlands


EDITORIAL COMMENT

In this small blinded randomized controlled multicenter trial, the authors have evaluated the effect of deep neuromuscular blockade (NMB) on surgical conditions during low-pressure pneumoperitoneum (PNP) laparoscopic donor nephrectomy. Previous evidence supports that low-pressure PNP (6 mmHg) reduces post-operative pain, but sometimes may restrain visibility and surgical access. By applying deep NMB authors were able to demonstrate lower post-operative opiate requirement besides improvement in surgical conditions. Although not significant, insufflation pressures were lower in the deep NMB group. In four patients in the moderate NMB group, major intraoperative complications occurred in whom two required conversion to open procedure have had occurred. Given the relatively high incidence of intraoperative complications and conversions to open donor nephrectomy, the use low-pressure PNP with moderate NMB may compromise safety during surgery.

Yarkın Kamil Yakupoğlu, MD