We thank di Benedetto et al. for their interest in our review article (1), and specifically on the novel technique described by Sutherland (2). Due to unforeseen circumstances, there was a substantial delay between delivery of the final version of the manuscript to the editorial office and publication. Otherwise, we would have certainly included their prospective, randomized trial comparing subgluteal with posterior popliteal approach for continuous sciatic analgesia in our overview (3).

We wish to also note several other studies that were published after finalization of our manuscript. Two prospective, randomized, blinded trials were published that demonstrated superior efficacy of continuous infraclavicular brachial plexus and sciatic nerve analgesia to systemic opioid-based analgesia in the ambulatory setting (4,5). An additional prospective, randomized, blinded trial demonstrated the suitability of either bupivacaine or ropivacaine for continuous axillary brachial plexus analgesia in the ambulatory setting (6). Finally, two open, randomized studies demonstrated the efficacy, pharmacokinetics, and safety of different ropivacaine infusions for continuous perineural analgesia (7,8).

Although these additional studies improve our state of knowledge, we agree with di Benedetto et al. that further well-designed clinical trials are needed to determine which surgical procedures gain benefit from continuous perineural analgesia, what are the optimal techniques/anatomic approaches for various continuous nerve blocks, and what are the optimal analgesic solutions and methods of delivery for each technique.

References

DOI: 10.1213/01.ANE.0000066401.03667.45

In Response:

We appreciate the interest in our article (1). Obviously, as in any patient undergoing central neuraxis blockade, benefits (2,3) and risks have to be considered carefully. Thoracic epidural anesthesia has been shown to minimize pulmonary complications after surgery (3). We offered epidural pain therapy to living liver donors for the same reasons as for other patients undergoing liver resections. In a study of 415 patients, some of them with abnormal coagulation, we...