

## “The effect of addition of intrathecal sufentanil to hyperbaric bupivacaine in cesarean section- a prospective randomized study”

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I read the article entitled “The effect of addition of intrathecal sufentanil to hyperbaric bupivacaine in cesarean section- a prospective randomized study” with great interest.<sup>1</sup> Anesthesia for cesarean section is an important aspect of anesthesia daily practice. A more effective and durable analgesia specially in postoperative period can lead to more patient comfort and satisfaction. There are lots of intrathecal additives available for this purpose such as opioids,<sup>2</sup> dexmedetomidine,<sup>3,4</sup> midazolam<sup>5</sup> etc. In recent study, Jain et al. used intrathecal sufentanil as an additive to bupivacaine and they had stunning results in terms of pain relief. But the less considered aspects are neonatal safety and maternal pruritus. A few minutes after intrathecal injection of sufentanil, fetal heart rate will be non-reassuring<sup>6,7</sup> and from this point of view, shortening the time interval between intrathecal injection of sufentanil and umbilical cord clamping, will be very important. Pruritus can decrease patient satisfaction and prolong the hospital stay. Since the pruritus treatment is really difficult and can be challenging, prevention by the means of dose limitation, is the best practice.<sup>8</sup> It seems that limitation of intrathecal sufentanil to a maximum dose of 5 µg can lead to a safe and effective analgesia for cesarean section patients.<sup>9,10</sup>

**Key words:** Sufentanil; Bupivacaine; Cesarean section; Postoperative, Analgesia

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