**Título:** Opioid-Free Onco-Anesthesia - An alternative for frail patients

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**Resumo:**

Frailty is a state of decreased physiologic reserve and resistance to stressors. Despite the strong evidence that frailty in surgical patients leads to poorer postoperative outcomes, we still lack evidence on the best anesthetic technique. Current literature suggests that opioid use should be minimized in these patients. Although evidence supporting opioid-free anesthesia (OFA) in cancer patients is conflicting, we propose it as a strategy for minimization of risks and faster recovery in frail cancer patients.

A 87-year-old woman (BMI 15,5 kg/m2, ASA physical status IV, Clinical Frailty Scale 9) was scheduled for urgent right laparoscopic hemicolectomy. For induction of anesthesia, the patient received intravenously (IV): target-controlled infusion (TCI) of propofol with a target of 2 µg/mL, bolus of rocuronium 1.5 mg/kg, bolus of lidocaine 1.5 mg/kg, bolus of magnesium sulphate 30 mg/kg and bolus of dexamethasone 0.15 mg/kg. The titration speed of propofol was adjusted according to the BIS score throughout the procedure. An analgesic regimen of IV acetaminophen, IV ketorolac, IV metamizole and epidural 0.15% ropivacaine was used in the intraoperative and postoperative period. The procedure went by uneventfully and the patient reported no pain in the postoperative period.

OFA is associated with a lower incidence of postoperative ileus, nausea and vomiting, and faster recovery after surgery. An opioid-free approach to colorectal surgery is possible and might be especially  beneficial in frail patients. Further investigation is needed to identify patients who are most likely to benefit from this technique.