

## EDITORIAL

## Nowadays anesthesiologists “look up”

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In recent years, regional anesthesia, as predicted by Marhofer *et al.* at the beginning of the second decade of the 21<sup>st</sup> century,<sup>1</sup> has undergone great development supported by the significant innovation of ultrasonography (US). US allows the operator to “see” the nerves and the compartments that run through them and makes possible to create numerous plane and truncal blocks, which are very useful for multimodal perioperative pain therapy and for conducting a pauci-pharmacological anesthesia.<sup>2</sup> In anesthesia for orthopedics, the US-guided regional blocks make it possible to identify the nerve endings most proximal to the surgical site, resulting in a lower dose of local anesthetic and better analgesia with greater patient comfort in many interventions.<sup>3-7</sup> Furthermore, US-guided multiple nerve blocks have been shown to be more effective in controlling perioperative pain than intravenous analgesia<sup>8-10</sup> and, in addition, contribute to the reduction of all postoperative complications.<sup>11</sup> The lower incidence of short- and long-term complications has made regional anesthesia techniques particularly suitable in many clinical settings.<sup>12-15</sup> Buoyed by these results, anesthesiologists have recently started to “look up” and work with the aim of improving not only short-term but also long-term outcomes and improving the quality of life of their patients. Ultrasound-guided regional anesthesia techniques have proven their effectiveness in achieving these goals: when combined with light sedation, regional anesthesia avoids postoperative cognitive impairment,<sup>16</sup> prevents the onset of chronic pain

at the operation site,<sup>17</sup> and avoids opioid dependence in the postoperative period.<sup>18</sup> The work by Bjorn *et al.*<sup>19</sup> presented in this issue of *Minerva Anestesiologica* seems to fit perfectly into the scientific evolution of regional anesthesia in orthopedics described above: it is a study on volunteers whose primary objective is to define the sensory efferents of the skin covering the patella; it obtains this information by highlighting with US the peripheral branches of the saphenous and femoral cutaneous nerves and identifying the area of competence of each; it describes an innovative technique to block the anterior branch of the medial femoral cutaneous nerve; at the same time, has the secondary, but certainly more clinically relevant objective of indicating these techniques for the treatment and/or prevention of chronic neuropathic pain in the patellar region due to the initial skin cut, which affects approximately 10% of patients undergoing knee prosthetic surgery. In conclusion, the authors used the US, proposed a new technique, and thought about long-term outcomes, such as the prevention of chronic pain. They “looked up” to improve the quality of life of their patients, as modern anesthesia requires, using all the techniques, skills and knowledges contained in their background.

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