



## Letter to Editor “Continuous adductor canal blockade facilitates increased home discharge and decreased opioid consumption after total knee arthroplasty.”



I read with great interest the article by Klement and colleagues [1] in a recent issue of the journal. The authors performed a retrospective study on 264 patients undergoing primary total knee arthroplasty and concluded that the use of adductor canal catheter plus posterior capsule single shot block results in an easier recovery with fewer complications when compared to a single shot femoral nerve block plus liposomal bupivacaine pericapsular injection. The authors should be applauded for performing a well-designed study in an important topic (e.g. acute pain) in patients undergoing orthopedic surgery [2,3]. The need to tailor specific preventive analgesic strategies to patients who will benefit the most is a very relevant topic in perioperative medicine [4,5].

Nonetheless, there are some critical points that need to be clarified to determine the validity of their results. First, it is unclear if the patients received a standard intraoperative and postoperative analgesic regimen as these can significantly change the outcomes. Second, several factors (e.g., physical independence, family support, health literacy, comorbidities) can alter patients' readiness for home discharge and these factors were not accounted for in the authors analysis [6]. Last, it is important that the authors provide more detail on the criteria used for assessing patient discharge as this can allow other researchers to be able to replicate the authors' findings. I would welcome some comments to address the aforementioned issues as they were not discussed by the authors. This would help to further substantiate the findings of this important study.

### Declarations of Competing Interest

None.

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### References

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