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## Preventing atelectasia at robotic surgery



## Prevenir atelectasia em cirurgia robótica

Dear Editor,

We read the article “Robotic prostatectomy: the anesthetist’s view for robotic urological surgeries, a prospective study” written by Oksar and Ocal with a great interest.<sup>1</sup> They share the anesthetic management of the robotic prostatectomy. We would like to thank to the authors for their contribution with a successfully designed and documented study. We believe that these findings will enlighten about the anesthetic management of the robotic prostatectomy.

Robotic-assisted laparoscopic prostatectomy (RALP) is a technically difficult surgery requiring experience. The duration of the surgery is usually prolonged because of detailed preparation before surgery. The anesthetic management requires more attention than open surgery due to pneumo-peritoneum. Prolonged operation time, the trendelenburg position, and increased intra-abdominal pressure due to pneumo-peritoneum usually lead to severe atelectasis, increased level of PaCO<sub>2</sub> and acidosis.<sup>2–4</sup> However intermittent recruitment maneuver should be made to prevent and improve atelectasis due to pneumo-peritoneum and trendelenburg. Recruitment maneuver especially before extubation may improve postoperative lung functions.<sup>5</sup>

Consequently, effects due to excessive trendelenburg position in addition to classical complications of laparoscopic procedure at robotic-assisted laparoscopic prostate surgery should be considered. Increasing airway pressure

is inescapable. Increasing minute ventilation may not be enough to be maintained in the PaCO<sub>2</sub>’s normal range. Pressure-control mode forming lower peak pressure should be preferred and appropriate PEEP should be setted to prevent atelectasis.<sup>5,6</sup> Also intermittent recruitment maneuver should be made as needed.

## Conflicts of interest

The authors declare no conflicts of interest.

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