

**EDITORIAL COMMENT**

This is a useful paper evaluating three types of spinal anesthetics used in patients undergoing TURP. This is a retrospective paper and the authors chose to look at specific parameters related to the procedure, recovery from anesthetic time and PACU duration. The patients received one of three anesthetic agents: low dose bupivacaine, continuous dose lidocaine or low dose lidocaine. Patients in the low dose lidocaine group had significantly shorter PACU stays when compared to the other two groups. There were no differences in readmission rates for bleeding in any of the groups.

This paper brings out an important point which the authors also acknowledge. Anesthesiologists and Urologists need to communicate effectively preoperatively, intraoperatively and postoperatively in the care of patients undergoing TURP. The surgeon must inform the anesthesiologist how large the gland is and how much resection time is needed. In this way, the best anesthetic agent, with the appropriate duration of action is given which will expedite the patient through the postoperative area to their discharge home. The authors have effectively shown that either low or continuous dose lidocaine is associated with shorter PACU stays when compared with bupivacaine.

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