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# Worth Investigating Futuristic Potential For Patient Education Regarding Sugammadex Especially If Patient Is Self-Paying, Peripartum, Postmenopausal, Or Transgender Woman

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***Corresponding Author:***
Dr. Deepak Gupta,
Anesthesiologist, Wayne State University - United States of America

***Submitting Author:***
Dr. Deepak Gupta,
Anesthesiologist, Self - United States of America

***Other Authors:***
Dr. Amit Jain,
Resident, Advocate Illinois Masonic Medical Center, Anesthesiology - United States of America

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# Worth Investigating Futuristic Potential For Patient Education Regarding Sugammadex Especially If Patient Is Self-Paying, Peripartum, Postmenopausal, Or Transgender Woman

***Author(s):*** Gupta D, Jain A

## My opinion

American Society of Anesthesiologists (ASA) has apparently recommended sugammadex use over neostigmine use by anesthesia providers to antagonize maybe most of their patients' neuromuscular blockade [1]. This may make sugammadex use the norm rather than the exception because although dosing and redosing of sugammadex may warrant quantitative neuromuscular blockade monitoring, sugammadex may still be better than neostigmine even in the absence of quantitative neuromuscular blockade monitoring. Therefore, besides patient awareness aboutÂ unintendedÂ pregnancy risk among reproductive age patients on hormonal contraception (low doses of estrogen and progesterone) [2], perioperative patient education may have to futuristically investigate to potentially inculcateÂ patient awareness about maybe exorbitant copay among patients with inadequate insurance coverage and maybe withdrawal symptoms among patients on gender affirming hormone therapy (very high doses of estrogen with or without progesterone) and hormone replacement therapy (high doses of estrogen with or without progesterone) [3-7]. Although it may appear that sugammadex use may not be unsafe for pregnant patients presenting for non-obstetric surgeries [8] and lactating mothers presenting for postpartum surgeries, it may still be worth investigating systemically in postpartum clinics during first postpartum visits whether postpartum mind spectrum [9-10] transiently changes/fluctuates over blues-depression-psychosis scale when patients had received sugammadex during their cesarean sections because during basic research among pregnant rats [11], postpartum behavioral changes among rats could not rule out sugammadex effect on steroidal hormones as changed behaviorsâ€™ cause. Moreover, until sugammadex has a generic version approved for use in the United States (US) [12], ASA may have essentially recommended BridionÂ® (Merck & Co., Inc., Rahway, New Jersey, US) [13] use over neostigmine use. Anesthesia providers in Europe may not have to weigh in their conflicts of interest while following ASA recommendations because they may have an approved generic version of sugammadex available at hand as an alternative [14]. However, in good conscience for patient safety, ASA couldn't delay their recommendations anymore by waiting for US Food and Drug Administration (FDA) to approve a generic version of sugammadex in US [15]. Henceforth, after getting information from their pharmacies about the current billable patient charges for sugammadex, it may seem prudent for anesthesia providers to preoperatively educate their patients who are going to receive neuromuscular blockade with rocuronium or vecuronium that they are very likely to receive sugammadex perioperatively and thus may potentially owe hundreds of dollars as their copay for sugammadex which may be somewhat buffered by discount coupons and patient assistance programs if any available [16] unless BridionÂ® soon emulates the path of already transparently reimbursable ExparelÂ® (Pacira Pharmaceuticals, Inc., Parsippany, New Jersey, US) [17-18]. Additionally, as ASA recommendations to anesthesia providers clearly support sugammadex use over neostigmine use, they may have an option to provide a copy of ASA recommendations [19] as patient education template to prepare them for sugammadex non-coverage by their healthcare insurance providers who can then potentially re-negotiate their copay for sugammadex. Cost concerns with sugammadex use may be raised by healthcare facilities as well [20]. However, by their sheer size and number, they may be way better-equipped to negotiate with their pharmaceutical vendors about costs of procuring sugammadex and with their patients' third-party payers about charges billed for sugammadex as compared toÂ individual non-Veteran patients pleading with their healthcare insurance providers about copay for sugammadex. Summarily, although ASA practice guidelines may have overlooked patient education about sugammadex, it may become necessary with almost universal use of sugammadex in patients especially when healthcare facilities' investment into and

anesthesia providers' acceptance for quantitative neuromuscular monitoringÂ may lag behind easier administration of sugammadex to antagonize neuromuscular blockade among patients.

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