

## Advocate for regional anesthesia in the corona pandemic?

To the Editor

The coronavirus outbreak has been declared as a pandemic by the World Health Organisation and a large number of health care professionals will be exposed through clinical contacts. There are already strict protocols and policies in place by countries affected to control the virus. However, the incubation period for this virus can be up to 2 weeks and the majority of these patients may have only mild respiratory symptoms.

As airway specialists, anesthesiologists are in a high-risk situation given the high viral load in the saliva and mucous secretions. In the light of this global health crisis, is it the right time as anesthesiologists to advocate for regional anesthesia whenever possible?

**Harshal D Wagh**

**Correspondence to** Dr Harshal D Wagh, Anaesthesia, Kokilaben Dhirubhai Ambani Hospital, Mumbai, Maharashtra 400053, India; drhdw2701@gmail.com

**Contributors** HDW is the sole author with no other contributions.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© American Society of Regional Anesthesia & Pain Medicine 2021. No commercial re-use. See rights and permissions. Published by BMJ.



**To cite** Wagh HD. *Reg Anesth Pain Med* 2021;**46**:186.

Received 15 March 2020

Revised 1 April 2020

Accepted 3 April 2020

Published Online First 21 April 2020



► <http://dx.doi.org/10.1136/rapm-2020-101642>

*Reg Anesth Pain Med* 2021;**46**:186.

doi:10.1136/rapm-2020-101642