(0.88–3.37) [1.0224–2.3638] MB, $P < 0.001$; time to train-of-four ratio of 0.9 s, 168.5 (20–460) [80–338] DB *versus* 111.5 (28–300) [49.7–213] MB, $P < 0.001$. In DB, 16 (40%) patients required a second dose of sugammadex and 14 (21%) in MB, $P = 0.047$. These results are not different from data presented.[1] Even if some activity of succinylcholine would be present, it was not determining the results of the study.

Sugammadex is able to quickly reverse a neuromuscular blockade (by <2 min); increasing the dose does not hasten recovery.[2] In our protocol, if the train-of-four ratio was less than 0.9, a second dose of sugammadex was administered after 3 min for DB and 2 min for MB. More than 20% and approximately 40% of patients with MB and DB, respectively, required a second dose. Delayed response to sugammadex is pointed out in most of the publications related to sugammadex administration to lean patients. In addition, the combination of underdose and delayed response has been associated with recurarization.[3] In favor of safety, tracheal extubation has to be performed when the train-of-four ratio 0.9 target is achieved. A delayed response to sugammadex (target not achieved at the expected time) makes tracheal extubation more challenging, especially in the morbid obese, who are at risk of potential airway serious complications; therefore, requiring close surveillance and neuromuscular monitoring.

In the first draft to Anesthesiology, "Profound Blockade" was defined as "posttetanic count ≥ 1 to T1 appearance," literal translation of the text in the observational study protocol (approval reference SAB-SUG-2011-01). Reviewers asked for a better description of DB, so we remade figure 1, modifying the definition of DB by using the number of twitches in the posttetanic count (posttetanic count = 0–12 twitches); however, on the draft we send and in the final draft version, "posttetanic count = 0–2 twitches" were written (this error was also reproduced in the text). This has created difficulty in interpreting methods. We apologize for that. Reviewing our database, all patients with DB had almost one twitch at posttetanic response count; therefore, no patient had intense neuromuscular blockade.

Even not significant, slightly more rocuronium was administered to patients with DB (even more after excluding patients administered succinylcholine). As it has been indicated, the interindividual variability to neuromuscular blocking agents is large, even more for rocuronium.[4] This variability could be facilitated by the association with sevoflurane in our patients.

When large doses of rocuronium have been used, we do not know how much rocuronium is still available after sugammadex administration. Redistribution of rocuronium might explain delayed response, or even outliers; however, this statement remains to be demonstrated.

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References

1. Llaurado S, Sabaté A, Ferreres E, Camprubi I, Cabrera A: Sugammadex ideal body weight dose adjusted by level of neuromuscular blockade in laparoscopic bariatric surgery. Anesthesiology 2012; 117: 93–8
2. Kleijn HJ, Zollinger DP, van den Heuvel MW, Kerbusch T: Population pharmacokinetic-pharmacodynamic analysis for sugammadex-mediated reversal of rocuronium-induced neuromuscular blockade. Br J Clin Pharmacol 2011; 72:415–33
3. Le Corre F, Nejmeddine S, Fatahine C, Tayar C, Marty J, Plaud B: Recurarization after sugammadex reversal in an obese patient. Can J Anaesth 2011; 58:944–7
4. Maybauer DM, Geldner G, Blobner M, Pühringer F, Hofmockel R, Rex C, Wulf HF, Eberhart L, Arndt C, Eikermann M: Incidence and duration of residual paralysis at the end of surgery after multiple administrations of cisatracurium and rocuronium. Anaesthesia 2007; 62:12–7

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ERRATUM

Sugammadex Ideal Body Weight Dose Adjusted by Level of Neuromuscular Blockade in Laparoscopic Bariatric Surgery: Erratum

In the article on page 93 of the July 2012 issue, there are three places where errors occur related to the number of twitches given:

1. In the abstract (p. 93), the second sentence of the Methods section should read: "To reverse a deep blockade (12 or fewer posttetanic twitches), a dose of sugammadex of 4 mg/kg ideal body weight (IBW) was followed by a second dose of 2 mg/kg IBW if the TOFR was less than 0.9 after 3 min."
2. In the section Neuromuscular Monitoring and Sugammadex Administration Protocol (p. 94), the second sentence should read: "To confirm a deep blockade, we applied a titanic stimulus (of 50 Hz for 5 s) and counted the posttetanic twitches 3 s later; the block was considered deep if zero to 12 posttetanic twitches were detected."
3. In figure 1 (p. 95), text should read: "Deep Blockade (from PTC = 0 to 12 Twitches)" instead of "Deep Blockade (from PTC = 0 to 2 Twitches)."

The publisher regrets these errors.

Reference

Llauradó S, Sabaté A, Ferreres E, Camprubí I, Cabrera A: Sugammadex ideal body weight dose adjusted by level of neuromuscular blockade in laparoscopic bariatric surgery. Anesthesiology 2012; 117:93–8