



Ketamine Hallucination & Dose Limits Rebutted

Barry L Friedberg, M.D.

President, Goldilocks Anesthesia Foundation, USA

Congratulations to Bohringer, et al. for their recent contribution to the growing literature about opioid free anesthesia (OFA) [1]. Their unreferenced assertion that bolus doses larger than 0.25 mg/kg ketamine should be avoided especially in coronary artery patients for fears of tachycardia and hypertension (i.e. 'adrenergic storm') leading to myocardial ischemia cannot go unchallenged.

Adrenergic storm has been historically reported when ketamine is given as a solo agent. Vinnik used diazepam pretreatment to avoid adrenergic storm [2]. I published hypnotic levels of propofol to prevent hallucinations [3,4]. Over my 26-year OFA career, more than 6,000 propofol ketamine patients received 50 mg bolus after incremental propofol induction (see https://www.youtube.com/watch?v=GIQ3Do3b3_I&t=16s) without adrenergic storm [5]. In Table 2, the authors repeat the ketamine hallucination admonition despite publications with pre-ketamine propofol [3]. Lastly, the absence of any mention of the positive contribution of brain monitoring to OFA was disappointing [6].

I again congratulate the authors on their otherwise fine OFA contribution but must respectfully rebut their ketamine dosage limits and hallucinations.

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Corresponding Author: Barry L Friedberg, M.D., President, Goldilocks Anesthesia Foundation, P.O. Box 10336, Newport Beach, CA 92658, USA, Tel: 949-233-8845; E-mail: drbarry@goldilocksfoundation.org

Editor: Renyu Liu, MD, PhD, Associate Professor, Department of Anesthesiology and Critical Care, Perelman School of Medicine at the University of Pennsylvania, Center of Penn Global Health Scholar, Director of Stroke 120 Special Task Force, Chinese Stroke Association, 336 John Morgan Building, 3620 Hamilton Walk, Philadelphia, PA 19104, USA, Phone: 2157461485, Fax: 2153495078, E-mail: RenYu.Liu@pennmedicine.upenn.edu

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