Review Article

SUGAMMADEX : A REVOLUTION IN NEUROMUSCULAR BLOCKADE REVERSAL

Tanveer Singh Kundra
Deptt of Anaesthesia & ICU
Govt. Medical College, Patiala

Corresponding Author : Dr. Tanveer Singh Kundra
Assistant Professor, Deptt of Anaesthesia & ICU
Govt. Medical College, Patiala
Email: tvskundra@yahoo.co.in

ABSTRACT: Sugammadex represents a significant advancement in anesthetic pharmacology, offering a rapid, safer and more reliable method for reversing NMB. Its unique pharmacologic profile, mechanism of action, favorable pharmacokinetic profile, and clinical efficacy make it a valuable tool in modern anesthesia practice and enhances patient safety and operating room efficiency. While it offers several advantages over traditional reversal agents, including reduced risk of residual NMB and PONV, clinicians should be aware of potential adverse effects and carefully consider patient-specific factors, including renal function and cardiovascular status, when using sugammadex to optimize its use and minimize potential risks.

KEY WORDS : Sugammadex, Neuromuscular block reversal

INTRODUCTION

Sugammadex is a selective relaxant binding agent (SRBA) that has transformed the practice of anesthesia, particularly in the reversal of neuromuscular blockade (NMB) induced by aminosteroid non-depolarizing neuromuscular blocking agents like rocuronium and vecuronium during general anesthesia. Unlike traditional reversal agents which are acetylcholinesterase inhibitors, such as neostigmine, which work indirectly by inhibiting acetylcholinesterase, and increasing acetylcholine levels to counteract NMB; sugammadex acts by directly encapsulating the NMB agent, effectively removing it from the neuromuscular junction and inactivating the neuromuscular blocking agent. This novel mechanism allows for a rapid, predictable, and complete reversal of moderate to deep neuromuscular blockade, making it a valuable tool in anesthetic practice.[1,2]

Its onset of action is typically within 2 to 3 minutes, regardless of the depth of blockade, making it particularly valuable in cases requiring quick recovery, such as short surgical procedures or unanticipated needs for rapid extubation.

Mechanism of Action

Sugammadex is a modified γ-cyclodextrin with a hydrophobic core and a hydrophilic exterior. The hydrophobic core allows it to encapsulate the steroidal

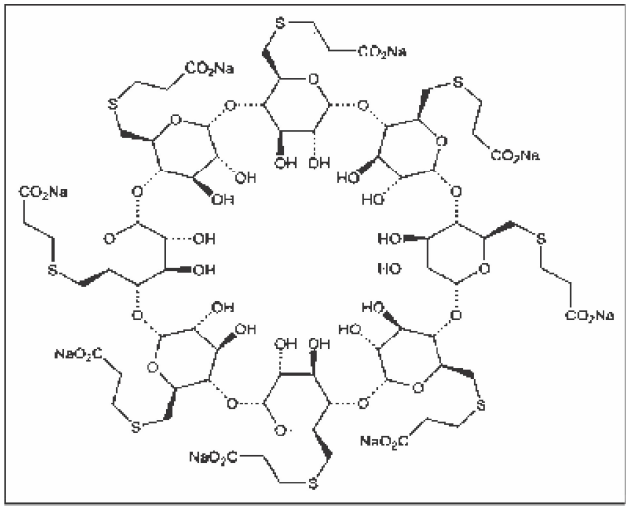

Figure 1 : Chemical Structure3

structure of aminosteroid NMBDs, forming a stable, water-soluble inclusion complex. This binding effectively reduces the free concentration of the NMBD at the neuromuscular junction, leading to the dissociation of the drug from nicotinic acetylcholine receptors and rapid restoration of neuromuscular function. The affinity of sugammadex for rocuronium is particularly high, with an association constant of approximately $1.79 \times 10^7\ M^{-1}$, indicating a very tight and stable complex formation .[4,5]

PHARMACOKINETICS

Sugammadex exhibits linear pharmacokinetics within the recommended dosing range. It has an estimated

volume of distribution of 11–14 liters and a plasma clearance rate of approximately 88 mL/min in healthy adults. The drug is not metabolized and is excreted unchanged by the kidneys, with more than 90% eliminated within 24 hours . This renal excretion pathway underscores the importance of dose adjustment in patients with renal impairment.[6]

Clinical Efficacy

Clinical studies have demonstrated that sugammadex provides rapid and effective reversal of NMB. In patients receiving rocuronium-induced deep NMB, sugammadex administered at a dose of 16 mg/kg can achieve recovery of the train-of-four (TOF) ratio to 0.9 within 3 minutes. Even at lower doses, such as 4 mg/kg, sugammadex facilitates recovery within 5 minutes. These outcomes are significantly faster compared to traditional reversal agents like neostigmine, which may take 10–30 minutes to achieve similar effects .[7]

Table 1 : Dose[8] of Sugamadex

Level of neuromuscular block	Dose of sugammadex
Light block: Reappearance of fourth twitch (T4) in response to TOF stimulation	1 mg/kg
Moderate block: Reappearance of second twitch (T2) in response to TOF stimulation	2 mg/kg
Deep block: 1–2 PTCs and no twitch responses to TOF stimulation	4 mg/kg

TOF: train-of-four, PTC: post-tetanic counts.

KEY ADVANTAGES

- **Rapid and Complete Reversal:** Sugammadex provides quick recovery from NMB, which is particularly beneficial in surgeries requiring prompt patient emergence from anesthesia.
- **Reduced Incidence of Residual NMB:** Studies indicate that one of the major clinical advantages of sugammadex is that it is associated with a lower incidence of residual NMB compared to traditional reversal agents, which is a significant cause of respiratory complications in the post-anesthesia care unit (PACU). By providing a more reliable reversal, sugammadex helps minimize risks such as airway obstruction, hypoxia, and the need for extended mechanical ventilation.
- **Lower Risk of Postoperative Nausea and Vomiting (PONV):** Some evidence suggests that sugammadex was associated with a lower incidence of PONV during the first 24 hours following general anesthesia compared to neostigmine, which contributes to enhanced patient comfort and faster recovery.[9]
- Sugammadex also tends to have fewer side effects than neostigmine. Acetylcholinesterase inhibitors can cause bradycardia, increased salivation, and gastrointestinal symptoms, often requiring co-administration of anticholinergic drugs like atropine or glycopyrrolate. In contrast, sugammadex does not increase acetylcholine levels and thus avoids many of these adverse effects.

SAFETY CONSIDERATIONS

Despite its benefits, sugammadex is not without concerns. While sugammadex is generally well-tolerated, its use is associated with certain adverse reactions. A comprehensive analysis of the World Health Organization's pharmacovigilance database identified 94 adverse drug reactions (ADRs) with a positive signal for sugammadex. The most frequently reported ADRs include recurrence of neuromuscular blockade, laryngospasm, bronchospasm, and bradycardia.

- **Hypersensitivity Reactions:** Albeit rare, hypersensitivity reactions, including anaphylaxis, can occur. These reactions typically manifest within minutes of administration and require prompt treatment.[2]
- **Cardiovascular Events:** There have been reports of coronary vasospasm and acute coronary syndrome associated with sugammadex use, potentially due to hypersensitivity reactions.[2]
- **Pulmonary Complications:** Cases of upper airway obstruction, laryngospasm, and bronchospasm have been reported following sugammadex administration, particularly when used in combination with certain anesthetic agents.[2]
- Cases of bradycardia and even cardiac arrest have occurred, usually shortly after administration. Therefore, clinicians are advised to monitor cardiovascular status closely during use. Notably, the incidence of bradycardia and other serious cardiovascular events has raised concerns, particularly in patients with underlying heart conditions.
- Additionally, because sugammadex binds steroidal compounds, it may interfere with the efficacy of hormonal contraceptives for up to seven days, necessitating patient counseling postoperatively.

Special Populations

- **Patients with Myasthenia Gravis:** A systematic review suggests that sugammadex may be a reasonable option for reversing NMB in patients with myasthenia gravis, with rapid recovery and a low incidence of serious complications. However, further large-scale studies are needed.[10]
- **Patients with Neuromuscular Disorders:** Case reports indicate that sugammadex can effectively reverse NMB in patients with conditions like polymyositis and dermatomyositis. However, variability in onset time and recovery have been observed, possibly due to disease-related factors, and altered neuromuscular physiology in these patients.[11] Caution and individual assessment remain critical in these contexts.
- **Renal Impairment:** Given its renal elimination, sugammadex should be used with caution in patients with renal impairment. Dose adjustments are necessary, and its use is generally not recommended in patients with severe renal dysfunction or end-stage renal disease requiring dialysis.[12]
- **Pediatrics:** Sugammadex has been shown to be effective in pediatric populations, with similar efficacy and safety profiles as in adults. However, dosing considerations and monitoring are essential due to differences in pharmacokinetics and the potential for age-related variations in drug response.
- **Pregnancy and Lactation:** The safety of sugammadex during pregnancy and lactation has not been well-established. As with all medications, its use should be considered only when the potential benefits justify the potential risks to the foetus or neonate.

From a pharmacoeconomic standpoint, sugammadex is more expensive than neostigmine, which can be a limiting factor in resource-constrained settings. However, its cost may be offset by shorter recovery times, decreased postoperative complications, and reduced length of stay in the PACU or hospital.

CONCLUSION

In summary, sugammadex represents a significant advancement in anesthetic pharmacology, offering a rapid, safer and more reliable method for reversing NMB. Its unique pharmacologic profile, mechanism of action, favorable pharmacokinetic profile, and clinical efficacy make it a valuable tool in modern anesthesia practice and enhances patient safety and operating room efficiency. While it offers several advantages over traditional reversal agents, including reduced risk of residual NMB and PONV, clinicians should be aware of potential adverse effects and carefully consider patient-specific factors, including renal function and cardiovascular status, when using sugammadex to optimize its use and minimize potential risks. As clinical experience continues to grow, sugammadex is likely to become the standard of care for NMB reversal, particularly in high-risk or time-sensitive situations. Ongoing research and clinical experience will continue to refine its role in anaesthesia and perio-perative care and its optimal use in various patient populations.

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