

**Opioid Free Analgesia: new concept, new trends**

Analgesia is a one of the three corner stones in anesthesia field. Perioperative pain or lacking of adequate analgesia affects hemodynamics, recovery, prognosis and overall patient's experience to surgical practice. For long times, opioids took the upper hand in such use, but it isn't free of side effects and complications which may burden patient's safety. Using non opioid drugs, regional blocks gained popularity in recent decades with promising results. Also, trends of preemptive analgesia proved efficacy. Opioid free anesthesia (OFA) explored in many trials with superior results. Drugs like ketamine, lidocaine, dexmedetomidine, dexamethasone used as co-analgesics outside its original indications.

All of these drugs or techniques have systemic effects based on used drug, dose, route of administration, patient's age, gender and associated co-morbidities. Nevertheless, techniques of regional block considered invasive and may be associated with hazards even with ultrasound guidance. Placing catheters for epidural use or regional plane block may carry risk of infection or need special precautions in patients receiving anti-coagulants.

SO, the new concept now targeting to minimize drug use, and interventions. The question is, can we use operative, or anesthetic, or ventilation techniques to improve patients experience toward pain? Can we use simple drugs like vitamins to minimize the need to systemic analgesic drug? Can we omit opioids use in perioperative analgesia? This is considered our challenge in future days, and in this special issue.

We welcome articles, trials, commentaries exploring new trends and techniques in analgesia practice.

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