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they would find increasing improvement of their data as the dose of alfentanil approaches zero. Is it really necessary to administer potentially dangerous analgesics or sedative hypnotics to these elderly people for pain reported to be equal to or less than the pain described in our paper (3) or other well-documented methods for procedures. Furthermore, we believe that with adequate monitoring and vigilance patients can be safely sedated using the technique described in our paper (3) or other well-documented methods for this and other similar procedures.

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References

Pain on Injection of Rocuronium Bromide

To the Editor:

We read with interest the letter of Moorothy and Dierdorf (1) about pain on injection of rocuronium. With subparalyzing doses, they noticed that “most” patients had “severe burning pain” on injection of the rocuronium.

We have noted in 105 consecutive patients requiring subparalyzing rocuronium the incidence of pain on injection of the rocuronium. The site of injection, the age and sex of the patients, and the degree of pain (mild, moderate, severe) were also noted. Using χ2 tests, the relation between site of injection and pain and between the sex of the patient and the pain were analyzed. No relationship was seen between site of injection or sex of the patient and the pain on injection. Fifty-two patients of the 105 had pain on injection of rocuronium. Of these 52 patients, 13 (12%) patients had what they described as severe pain.

These results suggest that rocuronium is not suitable for use as a subparalyzing dose before succinyllcholine or in priming. Priming has also been shown to be of little value (2,3) in speeding the onset time of rocuronium. The patient should probably be asleep before rocuronium is administered to the patient.

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References

Cost-Effective Modeling

To the Editor:

Drs. Dexter and Tinker's examination of the relationship between quality of care and reduced cost uses cost-effectiveness modeling to conclude that improving quality of perioperative care may be cost-effective only for high-risk operations (1). Although this theoretical approach to cost containment provides many insights, it is important to acknowledge the study's limited perspective. The investigations, while focused on cost minimization for hospital care, have taken the perspective of the payer. Currently, there is increasing recognition of the importance of other perspectives, including care provider, hospital, patient, and society. Further study is needed to establish the proper role of these various perspectives in cost-effectiveness studies. For example, from the perspective of