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they would find increasing improvement of their data as the dosage 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 experienced during placement of an IV cannula?

André P. Boezaart, FFA(ANSA)
Louis C. Boezaart, MMed(Ophth)
Roland Berry, MMed(Ophth)
University of Stellenbosch
Cape Town, South Africa

References

In Response:

We wish to thank Drs. Boezaart, Boezaart, and Berry for their letter suggesting that no sedation or analgesia is needed for the placement of retrobulbar nerve block. However, there are a few points that must be considered before applying these findings to this patient population in general. Previous reports have found that patients often openly express anxiety about the placement of this block (1) and that there is an increased anxiety score in medicated patients undergoing ophthalmic surgery (2). We have also found this to be the case, with patients often voicing concern about receiving a "shot behind the eye" and requesting to be "asleep" during this part of their procedure. Second, it is well known that patients who are too light or not adequately sedated will move or wince in response to the local anesthetic injection for the retrobulbar and/or facial nerve block. This would indicate that there is a significant amount of painful stimulation being perceived by the patient. Furthermore, we have completed a study (which is in press) examining the dose response of alfentanil on movement during block placement. We noted that, in general, lower doses of alfentanil result in more movement by the patients. While we have not attempted the placement of a retrobulbar and facial nerve block without any sedation or analgesia, we believe it would be difficult to convince most patients and their surgeons to forego any sedation during this procedure. 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.

James B. Yee, MD, PhD
Department of Anesthesiology
University of Utah School of Medicine
Salt Lake City, UT 84132

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...