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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 described in our paper (3) or other well-documented methods for 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.

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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 costs suggests that cost-effectiveness modeling can be used to predict the impact of different interventions on hospital costs. They found that cost-effective strategies can be identified by analyzing the trade-offs between the cost of interventions and the benefits they provide.

However, it is important to note that the results of their study may not be generalizable to all hospitals. The authors have assumed that savings can be achieved by implementing changes in the way care is delivered, but this may not be the case in all situations. Further research is needed to validate these findings and to identify other strategies that can be used to reduce hospital costs.

To the Editor:

We read with interest the letter of Moorothy and Dierdorf (1) about pain on injection of 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 chi-squared 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 succinylcholine 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