

ABSTRACTS FROM ANAESTHESIA

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Comparison of cyclizine and ondansetron for the prevention of postoperative nausea and vomiting in laparoscopic day-case gynaecological surgery

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Seventy-four patients undergoing laparoscopic gynaecological surgery were randomly allocated to two groups receiving cyclizine 50 mg or ondansetron 4 mg at induction of anaesthesia. Anaesthetic and postoperative analgesia regimens were standardised. Approximately half of the patients in each group experienced some degree of postoperative nausea and vomiting (cyclizine, 56%; ondansetron, 54%). There was no difference between groups in respect of pre- and postdischarge incidence. Mean (SD) time to eye opening was significantly prolonged in the cyclizine group [10 (4) min vs. 8 (2) min; $p < 0.001$], but this had no influence on discharge times. Cyclizine and ondansetron appear equally effective in preventing postoperative nausea and vomiting but the 10-fold price differential favours cyclizine.

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Comparison of times to achieve tracheal intubation with three techniques using the laryngeal or intubating laryngeal mask airway

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Summary. We compared the times to intubate the trachea using three techniques in 60 healthy patients with normal airways: (i) fiberoptic intubation with a 6.0-mm reinforced tracheal tube through a standard laryngeal mask airway (laryngeal maskfiberoptic group); (ii) fiberoptic intubation with a dedicated 7.0-mm silicone tracheal tube through the intubating laryngeal mask airway (intubating laryngeal maskfiberoptic group); (iii) blind intubation with the dedicated 7.0-mm silicone tracheal tube

through the intubating laryngeal mask airway (intubating laryngeal maskblind group). Mean (SD) total intubation times were significantly shorter in the intubating laryngeal maskblind group (49 (20) s) than in either of the other two groups (intubating laryngeal maskfiberoptic 74 (21) s; laryngeal maskfiberoptic group 75 (36) s; $p < 0.001$). However, intubation at the first attempt was less successful with the intubating laryngeal maskblind technique (15/20 (75%)) than in the other two groups (intubating laryngeal maskfiberoptic 19/20 (95%) and laryngeal maskfiberoptic 16/20 (80%)) although these differences were not statistically significant. We conclude that in this patient group, all three techniques yield acceptable results. If there is a choice of techniques available, the intubating laryngeal maskblind technique would result in the shortest intubation time.

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REVIEW - Isoflurane and coronary heart disease

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Summary. Early studies indicated that isoflurane caused coronary steal and should therefore be avoided in patients with coronary heart disease. Subsequently, more detailed trials have disputed this and have shown that as long as coronary perfusion pressure is maintained, isoflurane does not cause coronary steal or myocardial ischaemia. There is now growing evidence, initially in animal work but more recently in human studies, that isoflurane has myocardial protective properties, limiting infarct size and improving functional recovery from myocardial ischaemia. The mechanism for this protection mimics ischaemic preconditioning and involves the opening of adenosine triphosphate-dependent potassium channels. The few studies comparing the myocardial protection offered by individual anaesthetic agents indicate that isoflurane represents the anaesthetic agent of choice for patients with coronary heart disease.