LETTER TO THE EDITOR

Dr Aleksandra Bojarska FCA RCSI, Locum Consultant Anaesthetist

Sir,

I read with interest an article by Dr Banks and Dr Levy "Retained placenta: anaesthetic considerations". It is an excellent summary of British anaesthetic practice used in case of retained placenta. I use the same practice and teach it to trainees while working in the UK.

However, Update in Anaesthesia is designed for much broader audience and targets especially anaesthesia providers in developing countries. It is a pity that this excellent article only marginally included the practice widely used in many hospitals.

The most commonly used technique for removal of retained products of conception, and manual removal of placenta, in a rural hospital in Africa is ketamine anaesthesia. This is usually provided by intravenous ketamine 50 - 100mg, atropine 0.5mg and diazepam 5 - 10mg, with the patient breathing supplementary oxygen by facemask. Ketamine was only briefly mentioned in the article under the heading of sedation. However, the method above is not sedation, but anaesthesia.

Ketamine has an excellent safety record even if used in obstetric patients who theoretically never have "an empty stomach". The other alternative technique, which could be considered is spinal anaesthesia. General anaesthesia would be reserved only for rare cases where the uterine relaxation is absolutely necessary.

The risks of general anaesthesia in the rural African hospital are significant. It is frequently provided by the sole nurse anaesthetist who might not have anybody around to assist and provide cricoid pressure. For a number of reasons, failed intubation is relatively common. An anaesthetist usually manually ventilates the patients which does not allow him to have "hands free" for example in case of need for blood transfusion.

I believe, the risks of general anaesthesia in this environment far outweigh the risks of ketamine anaesthesia and it should not be recommended as the first line anaesthetic method.

While working in various "anaesthetic environments" we realise that there are no ultimate anaesthetic techniques which are always right, and that the practice has to be applied to the local circumstances. However, the principle of safety remains and our duty is to provide the safest technique available.

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