

CORRESPONDENCE

Sir,

I am very grateful to receive Update in Anaesthesia which is proving a valuable journal especially to nurse anaesthetists like myself working in Africa. In Dr Dobson's article on drawover anaesthesia (Issue 3) a diagram is included of a suggested plan for general anaesthesia. Dr Dobson suggests that if one is not trained in endotracheal intubation then spinal or ketamine anaesthesia is a good option.

I would like to question this advice. It is well reported, and I have personally seen spinal anaesthesia resulting in apnoea and severe hypotension. Without the knowledge of how to perform endotracheal intubation this situation could result in a serious outcome. What are your comments?

Mr Emmanuel Ladislaus
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Reply

Sir, Thank you for the opportunity to reply to Mr Ladislaus. I entirely agree with his statement that severe complications such as hypotension can result

from the use of spinal anaesthesia. It is of course essential to be ready to treat complications by having the means of resuscitation ready whenever anaesthesia of any sort is administered, and I should probably have made this clearer - I was trying to make the diagram straightforward.

We do however have to recognise that in many hospitals there is no specialist anaesthetist, and the nurses and doctors providing anaesthesia may not be confident of their ability to intubate. In this situation it is important to get someone trained to perform this simple and lifesaving manoeuvre, but in the meantime, when a patient needs surgery they will probably be safest if a spinal or ketamine technique is used.

The most likely complication of spinals is hypotension, and the first line treatment in such a case is to give a rapid intravenous infusion of fluid and a vasoconstrictor such as ephedrine. Very severe hypotension, or a very high spinal can result in a cardiorespiratory arrest, but even then the patient's breathing could be supported with a facemask if no-one present had intubation skills.

It is of course of the greatest importance that those who practice anaesthesia should be fully proficient in airway skills, and especially intubation.

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