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A Call for Caution Regarding Cervical and Ulnar Nerve Injuries and General Anesthesia

To the Editor:

I read with interest the recent editorial by Lanier and Warner of the Mayo Clinic on new perioperative cervical injury.[1] The authors state in a somewhat cavalier manner that "Spinal cord injury associated with airway instrumentation was uncommon, accounting for a mere 11% of patients.[1]" They seem to be suggesting that anesthesia providers do not need to be greatly concerned with these injuries, and they compare them with postoperative ulnar nerve injuries. They cite a study from their institution that they claim dismisses the culpability of anesthesia providers as the cause of these postoperative ulnar nerve injuries because ". . . ulnar injuries were never present at the completion of surgery, and most did not appear until 1 or 2 days after surgery.[2]" However, Miller and Camp have indicated that ulnar injuries were noted in five patients immediately upon awakening from general anesthesia and were attributed to preventable errors.[3]

Lanier and Warner state "We wonder whether future research will also lessen the culpability and legal risk of anesthesia providers regarding new onset cervical injuries.[1]" I suggest that anesthesiologists maintain a careful and cautious approach in an attempt to prevent both neck and ulnar nerve injuries by using every means at their disposal to lessen the incidence of these serious and persistent problems.

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In Reply:

We wish to thank Dr. Sosis for his letter commenting on our editorial. His communication, along with the original article of Hindman *et al.*,[1] and our editorial[2] all agree that new-onset perioperative neurologic deficits, whether minor or severe, are always of concern to clinicians and patients. Every effort should be made to lessen patient risk; however, we reaffirm that these efforts must be based on scientific foundations, not speculation and innuendo.

A central purpose of the Hindman *et al.* article, previous research from Mayo Clinic (cited in our editorial[2]), and our editorial was to offer insights into the scope of new-onset neurologic deficits after anesthesia and surgery, factors contributing to those deficits, and remediable limitations in the delivery of health care affecting outcomes. Before relatively recent research, patients, clinicians, plaintiffs' lawyers, and expert witnesses representing plaintiffs largely assumed that if a patient experienced a perioperative neurologic deficit, some individual or individuals on the healthcare team must