declamping-induced hypotension? With just a peripheral intravenous line or, perhaps, central venous pressure? Bush *et al.* similarly reported their ability to volume-load the left ventricle, thereby increasing cardiac output such that after declamping, the vasodilated lower extremities were supplied without a decrease in blood pressue.[2] They too, believe that close monitoring using pulmonary-artery catheters is necessary to avoid excessive or inadequate volume infusion. We certainly do not advocate that all patients undergoing abdominal aortic operations have pulmonary-artery catheters placed as a prerequisite to anesthetic and surgical management, but most definitely urge their use for patients who have histories of myocardial ischemia or ventricular dysfunction. The devastating effects of acute myocardial ischemia, declamping-induced hypotension and all its sequelae, justify the very small but definite risk of complication from pulmonary-artery catheterization in these high-risk patients.

We sincerely hope that Dr. Morley rereads and understands our article for what it is, a means to prevent myocardial ischemia and declamping-induced hypotension, rather than for what he has interpreted it to mean, namely, heart failure and pulmonary edema. Perhaps he would then be convinced of the efficacy (in selected patients) of pulmonary-artery catheterization for monitoring, appropriate volume loading, and vasopressor and vasodilator therapy.

DAVID J. CULLEN, M.D.
Associate Professor of Anaesthesia
Harvard Medical School, and
Associate Anesthetist at the
Massachusetts General Hospital
Boston, Massachusetts 02114

PETER R. SILVERSTEIN, M.D.
Research Fellow in Anaesthesia
Harvard Medical School, and
Clinical Fellow in Anesthesia at the
Massachusetts General Hospital
Boston, Massachusetts 02114

REFERENCES

1. Rice CL, Hobelman CF, John DA, et al: Central venous pressure or pulmonary capillary wedge pressure as the determinant of fluid replacement in aortic surgery. Surgery 84:437–440, 1978
2. Bush HL Jr, Logerfo FW, Weisel RD, et al: Assessment of myocardial performance and optimal volume loading during elective abdominal aortic aneurysm resection. Arch Surg 112:1301–1306, 1977

(Accepted for publication July 30, 1979.)

Anesthesiology
52:98, 1980

Does "Self-taming" Decrease Postoperative Myalgia in Outpatients?

To the Editor:—We read with interest the recent article by Brodsky and Brock-Utne[1] regarding the possible prevention of postoperative myalgia by use of a "self-taming" dose of succinylcholine. At our hospital we give anesthesia to a relatively large number of outpatients and are interested in minimizing postoperative patient discomfort. Fifty healthy outpatients scheduled for oral surgical procedures were randomly divided into two groups. Group I received a "self-taming" 10-mg dose of succinylcholine 1 min prior to an intubating dose of 1 mg/kg. Group II received a placebo in place of the "self-taming" dose of succinylcholine. All patients were given fentanyl, 0.05–0.10 mg, and atropine, 0.4 mg, iv, for premedication. Anesthesia was induced with thiopental, 4–5 mg/kg, and maintained with enflurane, nitrous oxide, and oxygen.

Of the 25 patients in Group I, ten had some degree of postoperative myalgia, determined by a telephone interview the first postoperative day. Of the 25 patients in Group II, ten also had evidence of postoperative myalgia. Muscle fasciculations were decreased by the "self-taming" dose of succinylcholine. Only 4 per cent of the patients receiving the "self-taming" dose had +3 fasciculations (vigorous in trunk and extremities), while 44 per cent of those receiving a placebo had +3 fasciculations.

These findings correlate with those of Brodsky *et al.*, and fail to show any advantage in using a "self-taming" dose of succinylcholine to decrease postoperative myalgia in outpatients.

JANET NAIDL SILER, M.D.
Staff Anesthesiologist
FRED J. COOK, R.N.
Student Nurse Anesthetist
JOYCE RICCA, R.N.
Student Nurse Anesthetist
Department of Anesthesia
Nazareth Hospital
Philadelphia, Pennsylvania 19152

REFERENCE

1. Brodsky JB, Brock-Utne JG: Does "self-taming" with succinylcholine prevent postoperative myalgia? ANESTHESIOLOGY 50:265–267, 1979

(Accepted for publication July 30, 1979.)