

CORRESPONDENCE

two reasons. First, the vast majority of the arterial concentrations we measured were in the range of 10–30 ng/ml, concentrations that are less than one tenth that (about 0.5 µg/ml) at which Lee and colleagues began to detect decreases in PDT and dT/dt. Unfortunately, table 5 in our manuscript, which provides our concentration data, does not state the units we used. We apologize for this error of omission. (Please note in our appendix that our calibration points for nitroglycerin were 0.1–15 ng/ml.) Second, Higuchi and Sakanashi recently found in the open-chested dog model that nitroglycerin augments myocardial contractile force probably by causing a release of endogenous catecholamines.²

Therefore, we conclude that myocardial depression was not a likely contributor to the blood pressure decreases we noted after administration of nitroglycerin to our patients. Again, we thank Lee and colleagues for their interest in our work and for the chance their letter has provided us to clarify the units we used in reporting arterial concentrations of nitroglycerin.

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Regional Anesthesia for Arteriovenous Fistula

To the Editor:—A recent case report provided a new approach for regional anesthesia for arteriovenous fistula creation. The authors described a technique of blocking the musculocutaneous nerve in the body of the proximal coracobrachialis muscle and the medial antebrachial cutaneous nerve by a subcutaneous ring proximal to the elbow.¹

This letter presents a refinement of their technique. The sensory fibers of the musculocutaneous nerve that form the lateral cutaneous nerve of the forearm can be anesthetized easily by a subcutaneous injection of 5 ml of local anesthetic solution just lateral to the biceps tendon at the level of the intercondylar line in the antecubital fossa.² Advantages of blockade of the fibers at this level include the ease in locating the anatomic landmarks leading to a high rate of success anesthetizing the nerve, as well as less pain involved with a subcutaneous compared to an intramuscular injection. Both the lateral and medial cutaneous nerve blocks at the elbow can be supplemented easily by the surgeons in the operative field if the duration of the original local anesthetic is inadequate.

This modification of the technique for regional anesthesia for placement of arteriovenous fistulas has been used successfully at our institution without complications. The only disadvantage arises in

the lack of blockade of the sympathetic fibers innervating the vasculature that may lead to discomfort with vessel manipulation.

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