

## CORRESPONDENCE

neuropathic pain, including RSD. Clearly, in the era of healthcare reform, our strength as a specialty will depend more and more on our willingness to explore safer and more cost-effective therapeutic options to anesthetic procedures.

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## References

1. Rauck RL, Eisenach JC, Jackson K, Young LD, Southern J: Epidural clonidine treatment for refractory reflex sympathetic dystrophy. *ANESTHESIOLOGY* 79:1163-1169, 1993

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*In Reply:*—Our patients already had received a multitude of conservative and aggressive therapies (table 2) with unsuccessful results. We agree that conservative therapies should be employed when a reasonable chance for relief exists. Many of these patients had received systemic clonidine at some point in the course of their disease. Unlike the experience cited by Kirkpatrick and Miller, we have not seen good results in patients with advanced disease who receive systemic clonidine. We would add that the three references cited by Kirkpatrick and Miller in support of transdermal fentanyl include one letter and two abstracts. No peer-reviewed, placebo-controlled trials have demonstrated its efficacy. We currently are involved in a double-blind study comparing systemic clonidine with epidural clonidine in this population of patients.

We feel certain that the epidural effect was analgesic in nature and not sedative. Figures 1 and 3 demonstrate that the analgesic effect of epidural clonidine was not dose-dependent, whereas the sedative effect increased with dose, providing strong evidence that patients could report the difference between analgesia and sedation.

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J. B. Lippincott Company, Philadelphia

2. Davis KD, Treede RD, Raja SN, Meyer RA, Campbell JN: Topical application of clonidine relieves hyperalgesia in patients with sympathetically maintained pain. *Pain* 47:309-317, 1991

3. Kirkpatrick AF, Derasari M, Glodek JA, Piazza PA: Postherpetic neuralgia: A possible application for topical clonidine (letter). *ANESTHESIOLOGY* 76:1065-1066, 1992

4. Kirkpatrick AF: Treatment of reflex sympathetic dystrophy by local application of the clonidine patch (abstract). *Reg Anesth* 17:64, 1992

5. Derasari M, Kirkpatrick AF, Glodek JA, Piazza PA: Treatment of myofascial trigger points, postherpetic neuralgia, and reflex sympathetic dystrophy with topical clonidine (abstract). *Reg Anesth* 17:144, 1992

6. Zenz M, Strumpf M, Tryba M: Long-term oral opioid therapy in patients with chronic nonmalignant pain. *J Pain Symptom Manage* 7:69-77, 1992

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The use of opioids in chronic nonmalignant pain has become a controversial issue in recent years. Whether one supports or discounts their use in this patient population, we would agree with Kirkpatrick and Miller that "our strength as a specialty will depend more and more on our willingness to explore safer and more cost-effective therapeutic options." The use of clonidine, epidurally and systemically, represents an effort to expand our therapeutic horizons.

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## Cricoid Pressure for Preventing Gastric Insufflation in Infants and Children

*To the Editor:*—In a recent study of the effectiveness of cricoid pressure for preventing gastric inflation,<sup>1</sup> the single, nonblinded investigator relied on breath sounds during cricoid pressure to determine the adequacy of ventilation and on detection of a "gurgle" by

auscultation of the upper abdomen to indicate gastric insufflation. Because the investigators did not measure exhaled volumes or volumes of gases in the stomach and there is no mention of end-tidal CO<sub>2</sub> or CO<sub>2</sub> waveform, one cannot be certain that cricoid pressure