

CORRESPONDENCE

result in large differences in positive predictive values. More data are required, preferably from large samples of women, before we can judge the clinical usefulness of preoperative pregnancy testing.

Ian Lewis, M.B., B.S., M.R.C.P., F.R.C.A.
Consultant in Anesthesiology
Jonathan Cooper, M.B., B.S., F.R.C.A.
Senior Registrar in Anesthesiology
Shackleton Department of Anaesthetics
Level E, Center Block
Southampton University Hospital
Tremona Road
Southampton
SO16 6YD, United Kingdom

Anesthesiology
1996; 84:1260
© 1996 American Society of Anesthesiologists, Inc.
Lippincott-Raven Publishers

Preoperative Pregnancy Testing in Ambulatory Surgery: II

To the Editor:—If one believes that preoperative pregnancy testing is a necessity, then "closing the window" as tightly as possible seems mandatory. Available urine test kits detect human chorionic gonadotropin (hCG) levels of 25–50 mIU hCG/ml. Manley *et al.*¹ tested their patients "within 6 days of the scheduled surgery." hCG concentrations begin to appear 6–7 days after conception at about 10 mIU hCG/ml and double every 1.4–2 days in early pregnancy.² Therefore, during a 6-day "window" between testing and surgery, hCG concentrations easily can go from undetectable to detectable (*i.e.*, from 10 to 160 mIU hCG/ml) in the first 2 weeks after conception. It thus seems imperative to perform the test on the day of surgery to identify as many pregnant patients as possible. The test we use at our facility (Abbott TestPack Plus hCG-URINE, Abbott Laboratories, Abbott Park, IL) is performed quickly by our preoperative nurses.

Michael K. Rosenberg, M.D.
Medical Director

Anesthesiology
1996; 84:1260-1
© 1996 American Society of Anesthesiologists, Inc.
Lippincott-Raven Publishers

Preoperative Pregnancy Testing in Ambulatory Surgery: III

To the Editor:—We found the paper by Manley *et al.* to be timely and informative.¹ We are trying to develop a rational policy toward preoperative testing, especially as it pertains to pregnancy testing in

References

1. Manley S, de Kelaita G, Joseph NJ, Salem MR, Heyman HJ: Preoperative pregnancy testing in ambulatory surgery. *ANESTHESIOLOGY* 1995; 83:690–3
2. Roizen MF: Anesthesia. 4th edition. Edited by Miller RD. New York, Churchill Livingstone, 1994, pp 840–4
3. Goldman L: Cardiac risk in noncardiac surgery: An update. *Anesth Analg* 1995; 80:810–20
4. Malviya S, Reynolds P, D'Errico C, Huntington J, Voepel-Lewis T, Pandit U: Should pregnancy tests be routine prior to surgery in adolescent patients (abstract). *ANESTHESIOLOGY* 1994; 79:A1385

(Accepted for publication January 29, 1996.)

Sinai Surgery Center
28500 Orchard Lake Road
Farmington Hills, Michigan 48334

References

1. Manley S, de Kelaita G, Joseph NJ, Salem MR, Heyman HJ: Preoperative pregnancy testing in ambulatory surgery. *ANESTHESIOLOGY* 1995; 83:690–3
2. Cunningham FG, MacDonald PC, Leveno KJ, Grant NF, Gilstrap LC: Williams Obstetrics. Norwalk, Appleton and Lange, 1993, pp 24–8

(Accepted for publication January 29, 1996.)

females of childbearing age. As was pointed out by the authors, history often is not enlightening in ruling out the likelihood of early gestations in women with otherwise normal reproductive capacity (irregular

CORRESPONDENCE

cycles, language barriers, therefore, urine or s. In the authors' routine days of the scheduled the day of surgery. I be pregnant, resulting We are curious how for pregnancy were surgery. If a majorit of surgery, should w nancy before the da mediately on arrival the night before?

Anesthesiology
1996; 84:126
© 1996 American Soc
Lippincott-Raven Pub

In Reply:—Lewis negative predictive version of our origi consideration. Ho from a preliminary specificity and the p testing. Inclusion o was not an endorse of the specificity o 179 patients, incl test result in a pat interpreted as a tru ificity would have larger data: 100% tionable result had predictive value o laboratory pregnan neither false nor a of false result betw

The scope of ou of previously unsu bulatory surgery d testing. We unders ificity of pregnanc alence of pregnan examine the predi ing in ambulatory

The letters from of performing pre possible, preferab often was perform often several days We agree that "cl erable, especially accurately and qu and Herschman ra

Anesthesiology, V