CORRESPONDENCE

Anesthesiology
1996; 84:1530
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Lippincott–Raven Publishers

In Reply:—The main focus of my previous communication was to report a new and promising technique that might be of value in the anesthetic care of expremature high-risk patients. Therefore, the use of the laryngeal mask airway is likely to be of benefit not only for cryo- or laser treatment of retinopathy of the premature (ROP) but for other surgical procedures performed in expremature infants.

I agree with Pinsker and Sandborn that the use of local anesthetics deserves more widespread use in the setting of cryo- or laser treatment of ROP. After the submission of the report, we started to use topical local anesthetics as an adjunct to the laryngeal mask airway technique, with promising results intra- and postoperatively.

The second issue is whether expremature babies need anesthesia for procedures such as cryo- or laser treatment of ROP. There is an ever-growing body of evidence that even the most premature children will react with a significant neuroendocrine stress reaction in response to various nociceptive stimulations or other stressful situations and that the lack of proper anesthesia can cause significant morbidity.[1,*]

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Reference

1. Anand KJS: Relationship between stress responses and clinical outcome in newborns, infants and children. Crit Care Med 1993; 21:S358–9

(Accepted for publication March 20, 1996.)

* Anand KJS, Aymsley-Green A: Metabolic and endocrine effects of surgical ligation of ductus arteriosus in the human preterm neonate: Are there implications for improvement of postoperative outcome. Modern Problems in Pediatrics 1985; 23:143–57.

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