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Peripherally Administered NSAIDs Provide for Patient Benefit

To the Editor: — We read with interest the excellent review article by Callesea and Kehlet[1] regarding pain after hernia repair. The authors conclude that intrawound nonsteroidal anti-inflammatory drugs (NSAIDs) have not been shown to have been beneficial in patients having herniorrhaphy.

We would like to cite our recently published article[2] in which we studied patients undergoing inguinal hernia repair during local anesthesia. The patients were randomized to receive ketorolac either intravenously or in the surgical wound. We were able to demonstrate an increased time to first analgesics, a decreased oral analgesic requirement, and lower 24-h movement-associated pain scores in the surgical site group.

We believe that our data, taken in concert with our studies in patients undergoing arthroscopy,[3,4] provide evidence that peripherally administered NSAIDs provide for patient benefit.

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References

1. Callesen T, Kehlet H: Postherniorrhaphy pain. ANESTHESIOLOGY 1997; 87:1219–30
2. Connelly NR, Reuben SS, Albert M, Page D: Use of preincisional ketorolac in hernia patients. Reg Anesth 1997; 22(3):229–32
3. Reuben SS, Connelly NR: Postoperative analgesia for outpatients arthroscopic knee surgery with intraarticular bupivacaine and ketorolac. Anesth Analg 1995; 80:1154–7
4. Reuben SS, Connelly NR: Postarthroscopic meniscus repair analgesia with intraarticular ketorolac or morphine. Anesth Analg 1996; 82:1036–9

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Unusual Cause of Intravenous Catheter Obstruction

To the Editor: — Intravenous catheters occasionally obstruct because of blood clots or kinking of the catheter. We experienced a case of intravenous catheter obstruction caused by a cored fragment of a medication vial stopper.

A patient had a 20-gauge, 1-inch intravenous catheter placed in the dorsum of the hand. An intravenous induction of anesthesia was uneventful. Thirty minutes into the procedure (near the end of the surgery), observation of the drip chamber showed that the gravity-driven infusion had ceased. All attempts at restarting the infusion by gentle aspiration or flushing solution through the ports failed. When the intravenous catheter was later removed, a small gray fragment was seen occluding the catheter. The fragment was removed from the catheter. It was roughly spherical, measured about 1 mm in diameter, and was similar in consistency and color to the stopper of the succinylcholine used during induction of anesthesia.

We believe that the fragment was a small piece of the stopper of