Postanesthesia Evaluation of Neuromuscular Function

To the Editor:

The American Society of Anesthesiologists’ recently published Practice Guidelines for Postanesthetic Care1 contains a statement that is at best puzzling and at worst I believe sends the wrong message to the anesthesia community. To quote: “Assessment of neuromuscular function primarily includes physical examination and, on occasion, may include neuromuscular blockade monitoring.”

There is now overwhelming evidence that traditional bedside or clinical tests of neuromuscular function such as headlift, tidal volume, tongue protrusion, and others are very insensitive tests for the detection of residual neuromuscular weakness.2-5 To cite just one recent study “a reliable clinical test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs the test for detection of significant residual block... will probably remain elusive.”6 Thus one must ask what clinical signs

The answer to the problem of postoperative residual neuromuscular block lies not with a postanesthesia evaluation, but with intelligent intraoperative monitoring of neuromuscular function ideally with a quantitative monitor.

Aaron F. Kopman, M.D., Weill Cornell Medical College, New York, New York. akopman@nyc.rr.com

References


(Accepted for publication May 22, 2013.)