CORRESPONDENCE

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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 ex prematurity 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 ex prematurity 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 ex prematurity 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.

P.A. Lönnqvist M.D., D.F.A.A.
Clinical Director of Anaesthesia
Department of Paediatric Anaesthesia and Intensive Care
St. Göran’s Children’s Hospital/KS
P.O. Box 12500
S-112 81 Stockholm, Sweden

Reference


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