anticipated changes in serum $K^+$ in response to catecholamine release during anesthesia and surgery may be modified by $\beta$-2-adrenoceptor blockade.

Jorge Torretti, M.D.
John I. Gerson, M.D.
Richard P. Oates, Ph.D.
Jeanne S. Lange, R.N., C.C.P.

Departments of Anesthesiology, Pharmacology, Preventive Medicine, and G.H.R.P. Extracorporeal Technology
SUNY Upstate Medical Center
Syracuse, New York 13210

REFERENCES


(In accepted for publication January 23, 1986.)

Intravenous Lidocaine for Control of Coughing during Standby Cataract Surgery

To the Editor—An occasional patient undergoing cataract surgery under retrobulbar and periorbital block will suddenly begin to cough or feel the urge to cough while the operation is underway and the eye is open.

I have used a technique in five patients that has proved efficacious in eliminating the coughing. Intravenous lidocaine in bolus doses of 0.3 to 0.4 mg/kg (usually 20 mg) not only stopped the coughing but eliminated the urge to cough. Obviously, one must be careful not to overdose the patient with lidocaine. However, I have never required more than 1.5 mg/kg throughout any single case. Patients tolerate lidocaine very well and are often amazed at the anesthesiologist's ability to take away their cough during what may be a stressful time not only for the patient, but for the entire operating room staff.

William M. Fenton, M.D.
Department of Anesthesiology
Twin Cities Community Hospital
Templeton, California 93465

(In accepted for publication January 24, 1986.)