

come an important clinical tool for the assessment of pulmonary surfactant.

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Drugs and Their Actions

METHADONE MAINTENANCE IN SURGICAL PATIENTS Eleven heroin addicts on methadone maintenance (50-120 mg daily) underwent elective surgical operations under general anesthesia. Six with minor surgical problems, such as dental extractions, were continued on their methadone doses without interruption. Postoperative pain was not great and was well controlled by conventional doses of potent analgesics. Five patients underwent major surgical operations such as thoracotomy. Since severe and possibly protracted postoperative pain was anticipated in this group, the daily methadone dose was tapered to 40 mg daily before operation to reduce tolerance to the analgesic effects of other potent narcotics. Conventional doses of meperidine were given for postoperative pain. Methadone was resumed on the second or third postoperative day. In only two of the five patients was postoperative pain well controlled by the regimen. (*Cashman, P. Jr.: Methadone Maintenance Therapy for Heroin Addiction. Some Surgical Considerations, Am. J. Surg.* 123: 267-270, 1972.) **ABSTRACTER'S COMMENT:** This may be the first published report of surgical procedures in patients maintained on methadone. The author does not particularly recommend methadone withdrawal before operation. Unfortunately, he failed to report details of the anesthetic management. Evaluation of pain and the response to narcotics or analgesics in the postoperative period is probably a complex problem.