

Correspondence

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Ignition of an Endotracheal Tube during Laser Microsurgery

To the Editor:—We were most interested in the recent letter in which muslin-wrapping of the endotracheal tube was promoted as a means of preventing ignition of the tube during CO₂ laser microsurgery.¹ We have experienced indirect ignition of foil-wrapped endotracheal tubes on two separate occasions during laser resection of tracheal papillomas.² While moist muslin-wrapped endotracheal tubes may adequately protect against direct hits by the laser beam, the interior of wrapped endotracheal tubes readily burns when ignited indirectly by flaming pieces of tissue either in close proximity to or inhaled into the tip of the tube.²

To convince ourselves that this could indeed occur, we attempted to simulate in the laboratory the situation encountered in laser resection of tracheal papillomas. Small pieces of meat were placed 1 cm from the tip of wrapped endotracheal tubes (plastic or red rubber) through which flowed any combination of O₂ and N₂O. The pieces of meat were readily charred, then ignited, when repeatedly hit with the laser beam. When a critical temperature was reached, the endotracheal tube ignited without being directly hit by the laser beam.

In the situation where one must use the CO₂ laser in the path of gases that support combustion, wrapping of the tube does not necessarily prevent ignition. Therefore, we feel there is a pressing need for a nonflammable endotracheal tube for use in laser surgery.

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REFERENCES

1. Patel V, Stehling LC, Zander HL: A modified endotracheal tube for laser microsurgery. *ANESTHESIOLOGY* 51:571, 1979
2. Hirshman CA, Smith J: Indirect ignition of the endotracheal tube during CO₂ laser surgery. *Arch Otolaryngol* (in press)

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Ketamine May Exacerbate Psychiatric Illness

To the Editor:—The letter by Reames and Rosenblatt,¹ while carefully worded so as not to be prescriptive, might be misleading to the average reader. They state that "Psychiatric disease *per se* should not be an absolute contraindication for ketamine anesthesia. Providing adequate psychotropic medications are given and the nursing staff alerted to treat promptly excitatory phenomena, ketamine can be used safely and effectively in these patients."

While what they say is true, there are a number of important factors to which they do not address themselves.

First, since we know that ketamine does produce psychotomimetic effects in "normal" patients, it is

likely to produce similar effects (as it has in this author's experience) in schizophrenics as well. The interaction of ketamine's organic psychosis with a pre-existing functional psychosis is unknown. I personally have seen severe exacerbations of psychosis in patients given ketamine without consideration of their preoperative psychological states.

Second, the authors do not suggest how to identify those patients who may be safely given ketamine except to say they should be receiving "adequate" doses of psychotropic medication. What is "adequate" for the psychiatric ward may not be "adequate" for the operating room, where fantasies of mutilation or death may overtake such patients.