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"Self-taming" with Succinylcholine and Muscle Pain

To the Editor:—"Self-taming" succinylcholine doses have been reported to reduce fasciculations¹ but not the incidence of succinylcholine-induced myalgia.^{2,3}

I studied 50 patients, 20 to 40 years old, ASA class I, undergoing tubal ligation under identical conditions. They were divided into two groups of 25 each as follows: to Group I, a bolus dose of 100 mg succinylcholine was given; to Group II, a pretreatment dose of 10 mg followed by a bolus dose of 100 mg succinylcholine was given. All patients were ambulatory within 6 to 8 h. Anesthesia was induced in all patients with 250 mg sodium thiopental followed by succinylcholine. Anesthesia was maintained with nitrous oxide and oxygen (70:30%).

Postoperatively, assessment of muscle pain was done by a physician, who was unaware of the drug sequence, using the gradation described by Churchill-Davidson.⁴ The results (table 1) are contradictory to the previous reports^{2,3} since none of the patients in Group 2 had pain.

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Predicting Painful Venipunctures

To the Editor:—Recently, Halden and Uppfeldt¹ have reported the usefulness of a topical anesthetic, a lidocaine-prilocaine cream, in reducing the pain experienced by children when a venipuncture is performed to introduce an iv catheter (ivc). The procedure, however, is time-consuming and requires a dressing. Other clinicians have advocated reassurance or local subcutaneous anesthetic agents which also are time-consuming. It would be helpful to the clinician to be able to identify which patients are at risk for a particularly painful experience so that one of these interventions can be taken. Similarly, it would be useful to the researcher to be able to identify prospectively a specific population sample. Previous work² has shown prior memory of dental injection pain can be useful in predicting present experienced pain. We have used a similar method, with adults, for venipuncture pain (ivc).

Twenty-three patients (10 men, 13 women, median age 42.6 years) were seen on a hospital ward as they became available. Only those who were English-speaking and had a clear sensorium were chosen. Consent was obtained in all cases. The patients were asked to

TABLE 1. Incidence of Succinylcholine-induced Myalgia (N = 25 each)

	Patients without Pain	Patients with Pain	Severity		
			Mild	Moderate	Severe
Group 1	7 (28%)	18 (72%)	7	9	2
Group 2	25 (100%)	—	—	—	—

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report on a scale of 0-100 (where 0 was no pain and 100 was intolerable pain) their past average venipuncture (ivc) pain. All of the patients had had prior experiences. An experienced iv therapist then introduced, with a minimum of reassurance, an iv catheter (22-through 18-gauge) into the forearm. The patient then was asked to report the pain he experienced.

Median values for past and present pain were 25 and 10, respectively. The product-moment correlation between the two was $r = 0.86$, $P < 0.00001$. Four patients reported moderate to severe memories, while only two of them actually experienced moderate to severe pain (>50) (see table 1).

The correlation is high enough to be of use clinically in predicting which patients would definitely require

TABLE 1. Grouped Frequency Distribution of Scores on Pain Scale

	0-25	26-50	51-75	76-100
Past memory	12	7	1	3
Present experience	19	2	1	1