

the degree of preservation of useful vision afterward. The fact that some of the most serious eye injuries result from scleral rupture, after which one may be unable to observe extrusion of eye contents until after exploration of the globe and orbit, is not discussed.

Before surgery for penetrating eye injury, adequate examination is often not feasible until after the patient is anesthetized, prepped, and draped. Prolapse of eye contents is not unusual. Just because the surgeons in Libonati *et al.*'s report did not complain of extrusion after anesthetic induction and use of succinylcholine does not mean that there was none or that there was no additional loss of contents.

We are fortunate to have alternatives to use of succinylcholine for intubation. Given the potential for good visual outcome, we feel that the literature supports evidence for avoidance of use of succinylcholine in penetrating eye injuries.<sup>7,8</sup>

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*In reply:*—I thank Drs. Rich and Weiner and their colleagues for their interest and sharing their experience. However, the effect of succinylcholine during a rapid-sequence induction has not been well described in the literature. In fact, one of their own references summarizes "We found that Dtc, 3 mg . . . given three or more minutes prior to the use of Sch, will prevent an increase in intraocular pressure."<sup>1</sup> My point remains that the report by Libonati *et al.*<sup>2</sup> demonstrates that succinylcholine can be used safely for open eye injuries. This gives the anesthesiologist another option in considering the total care of patients.

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### Assay for Serum Sufentanil Level Is Not Sensitive

*To the Editor:*—We agree with Weldon *et al.*<sup>1</sup> that there are no assays that allow one to estimate accurately the elimination clearance of sufentanil after small standard doses. Unfortunately, their capillary gas chromatographic

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method, as it is presented,<sup>1</sup> does not seem to change this situation and may actually lend confusion to what might otherwise have been a straightforward clinical report.<sup>2</sup>

The most serious deficiency in the report of this new