CORRESPONDENCE

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In Reply.—The main focus of my previous communication was to report a new and promising technique that might be of value in the anesthetic care of premature high-risk patients. Therefore, the use of the laryngeal mask airway is likely to be of benefit not only for cryo- or laser treatment of retinopathy of the prematurity (ROP) but for other surgical procedures performed in premature infants.

I agree with Pinsker and Sandborn that the use of local anesthetics deserves more widespread use in the setting of cryo- or laser treatment of ROP. After the submission of the report, we started to use topical local anesthetics as an adjunct to the laryngeal mask airway technique, with promising results intra- and postoperatively.

The second issue is whether premature babies need anesthesia for procedures such as cryo- or laser treatment of ROP. There is an ever-growing body of evidence that even the most premature children will react with a significant neuroendocrine stress reaction in response to various nociceptive stimulations or other stressful situations and that the lack of proper anesthesia can cause significant morbidity.1

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Reference


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