

carefully, other clinicians will be able to achieve results similar to Kopman *et al.* Whether the patients demonstrate residual block on arrival in PACU depends on how long it takes to get there!

It is ironic that in the same issue of *ANESTHESIOLOGY*, Dexter and Macario calculated that the cost of running an operating room (OR) at Stanford University Medical Center was 8.13 dollars per min.<sup>6</sup> Simplistic arithmetic suggests that in New York, the average OR cost for patients given pancuronium was 83 dollars more than for those given mivacurium. Muscle relaxants are cheap; OR time is expensive.

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*In Reply:*—We thank the Drs. Bevan for their kind remarks, and we agree with most of their comments. However, their final conclusions regarding cost considerations are probably premature. As noted in our table 2, the times to the first train-of-four (TOF) measurement in the postanesthesia care unit (PACU) for pancuronium (30.0 min) *versus* mivacurium (19.7 min) required an asterisk.<sup>1</sup> These intervals represent whichever came first, the initial TOF value noted in the PACU or the time until the TOF ratio reached a value of 0.90 (as measured in the operating room [OR]). Thus, 52 of 56 patients who received pancuronium had neuromuscular monitoring that continued into the PACU. Only 15 of the 35 patients who received mivacurium required such follow-up evaluation. Consequently, it probably is not correct to assume that 10 min of OR time was “saved” with the mivacurium group.

If the average clinical anesthetist was routinely able to accurately quantitate residual block and defer discharge from the OR until satisfactory recovery of neuromuscular function (TOF  $\geq$  0.70) was present, then we suspect that short- to intermediate-acting relaxants would provide real savings in OR recovery time. Unfortunately, subjective evaluation of the extent of TOF fade is notoriously imprecise. Once the TOF ratio exceeds a ratio of 0.40, most clinicians are unable to detect that any fade exists.<sup>2,3</sup> In the “real world” as Bevan’s data<sup>4</sup> nicely demonstrate, after antagonism of pancuronium-induced neuromuscular blockade, 15 min is insufficient time to guarantee satisfactory return of neuromuscular function.

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