To the Editor—I thoroughly enjoyed the review by Vann et al. of anesthesia for ophthalmology. However, I was surprised by their quotation from Pecka and Dexter. "These authors commented that there is no justification to decreasing the amount of time that anesthesiologist or nurse anesthetists spend caring for patients undergoing cataract extraction with a retrobulbar block" (italics added).

The full paragraph is as follows:

In conclusion, [in 1995] at our tertiary medical center, anesthesia providers did interventions after placement of the retrobulbar block for 33% of cases (upper bound < 36%). Therefore, a retrospective study cannot determine whether, to decrease costs, a registered nurse could safely replace the anesthesia provider after uneventful placement of a retrobulbar block. A prospective study assessing patient outcome related to these interventions is required for a more meaningful assessment of present standards for monitored anesthesia care for cataract extractions... There is currently no justification to decreasing the amount of time that anesthesiologists or certified registered nurse anesthetists spend caring for patients undergoing cataract extraction with a retrobulbar block.

The word currently is important.

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References

2. Pecka SL, Dexter F. Anesthesia providers’ interventions during cataract extraction under monitored anesthesia care. AANA J 1997; 65:357–60

In Reply:—We thank Drs. Dexter and Bourke for their comments on our article. First, in response to Dr. Dexter, we believe that we maintained the meaning of the quotation from his article that anesthesia care is justified during eye surgery performed under retrobulbar block (italics added). The administration of a retrobulbar block has not changed in the years since his article was written; therefore, the word currently does not change our sentiment.

Second, in reply to Dr. Bourke, we appreciate his concerns about topical anesthesia and emphasize in our article that the best technique for local/regional anesthesia considers the surgeon’s skill and anesthesiologist’s comfort as well as patient needs. Regarding the conversion of a phaco procedure during topical anesthesia to vitreoretinal surgery, we note that these procedures can be conducted under a sub-Tenon block that the surgeon can administer to the topically anesthetized eye on the surgical field. As far as his concerns about sedation, we covered sedation techniques and outcomes in the article, also noting that patient expectations as well as demographic and regional differences often account for choice of sedation during a block. We appreciate his use of alternative techniques such as transcutanous electrical stimulation. However, use of transcutanous electrical stimulation as an alternative to sedation techniques needs to be formally evaluated before it can be recommended for routine use.

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