EFFECTS OF INTRAOPERATIVE NEFOPAM (ACUPAN)

Sir,—Nefopam is a novel analgesic which appears to have no respiratory depressant effects. It does, however, cause an increase in heart rate and arterial pressure, and also sweating. A simple study was carried out to ascertain whether these effects would also be seen when nefopam is given to patients anaesthetized with halothane. Thirty-one patient was in the recovery room. One patient showed an increase in arterial pressure (range 5.1-69 mm Hg; our experience confirmed the findings of Erdemir, Soper and Sweet (1965) and Usubiaga, Wikinski and Usubiaga (1967) that, under such circumstances, rapid injections (1-2 ml s^-1) can produce high pressures resulting in unpleasant and possibly even hazardous effects.

Our conclusion was that, as rapid injections appeared to confer no clinical benefit, they should not be used.

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REFERENCES

ARRHYTHMIAS AND THE CAROTID ARTERY

Sir,—I have read with interest two letters in the past year in which the authors describe severe cardiac arrhythmia as a result of carotid artery palpation. Amaranath, Kirilcuk and Leon-Ruiz (1978) described multiple deformed QRS complexes which occurred while routinely palpatating the carotid artery during hip replacement. Sprigge and Oakley (1979) recorded a case of ventricular fibrillation following palpation of the carotid artery before cannulation of the internal jugular vein.

These reports were of concern in a department which undertakes a considerable number of general anaesthetics for carotid angiography. At Atkinson Morley's Hospital, carotid angiography is carried out following direct puncture of the carotid artery and this procedure necessitates handling of the carotid vessels both during cannulation and after de-cannulation to ensure haemostasis. It was decided, therefore, to monitor these patients continuously with an electrocardiograph and to record any abnormality produced.

The patients were in a wide age group, from young adults to the very elderly. They were being investigated for a variety of neurological conditions, but most commonly following subarachnoid haemorrhage. Patients less than 65 years of age were premedicated with hyoscine 0.3 mg, those older than 65 with atropine 0.4 mg i.m. Anaesthesia was induced with thiopentone, tracheal intubation followed by maintenance with nitrous oxide, oxygen and either small doses of fentanyl or halothane 0.25-0.5%.

More than 100 patients have now been monitored and no cardiac arrhythmia has occurred. Thus, it would seem that prolonged manipulation and handling of the carotid artery is not usually accompanied by cardiac arrhythmia. This does not detract from the finding that, in an occasional patient, perhaps especially those with pre-existing cardiovascular disease, a serious abnormality of cardiac rhythm may occur. However, it would seem unnecessary, for example, to monitor the e.c.g. routinely in every patient requiring cannulation of the internal jugular vein.

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REFERENCES