Similarly, conclusions cannot be drawn regarding discharge times as no discharge criteria are stated in the manuscript.

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Sir,—In response to Dr Smith's letter, I agree that the specific results were different in the studies by Smith and colleagues [1], from those of Chirwa, MacLeod and Day [2]. However, both studies demonstrated some benefit in terms of postoperative analgesic requirement and it was this general overview I intended to convey.

Prilocaine was used in this study to allow significant alkalization of the local anaesthetic and to reduce the risks of toxicity associated with bupivacaine. Although it is slightly shorter acting than bupivacaine, neither are present during “mobilization after discharge”. Discharge times were not reported as these were day-case procedures and the patients were routinely discharged 3-4 h after operation with pain not being the only determining factor.

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