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References

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- 2 Viby-Mogensen J, Engbaek J, Eriksson LI, et al. Good clinical research practice (GCRP) in pharmacodynamic studies of neuromuscular agents. *Acta Anaesthesiol Scand* 1996; 40: 59–74.

REPLY:

We thank Dr. Donati for his interest in our study.¹ The assessment of the intubating conditions in our study was based, in part, on the guidelines recommended at the 1994 consensus conference.² In the interest of improving the interpretation of our results and permitting future comparisons, we have re-examined the data, which are reported as "excellent", "good", and "poor" based on the consensus conference definitions (Table). Data on intubating conditions were incomplete in six patients (three in each group) and were excluded from the analysis. We did not find a statistically significant difference in the intubating conditions between the two groups ($\chi^2 = 1.273$; $P = 0.53$). The type of surgery did not affect these findings. In addition, we performed sensitivity analyses in which we allocated the missing patients in the sevoflurane group to the "poor" category and the missing patients in the propofol group to the "excellent" category and vice versa. There were no statistically significant differences in intubating conditions between the two groups in both sensitivity analyses.

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TABLE Re-analysis of intubating conditions (defined according to GCRP recommendations) by method of anesthetic induction

Intubating condition	Sevoflurane-remifentanyl	Propofol-fentanyl-rocuronium
Excellent	33	40
Good	24	19
Poor	19	18

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Prime the ProSeal™ drain tube with lube from a tube!

To the Editor:

Lubrication of the ProSeal™ laryngeal mask airway drain tube is rarely performed pre-induction unless a guided insertion technique is planned.^{1,2} However, passage of a guide may be needed for airway rescue, and passage of a gastric tube may be needed for the prevention of aspiration. Any delays in placement of either accessory is potentially hazardous for the patient. One of the authors recently experienced a considerable delay before attempting gum elastic bougie-guided insertion after failed digital insertion, as the tube of lubricant had gone missing (later found in the assistant's pocket), and the sachet of lubricant could not easily be injected into the drain tube. A simple expedient to prevent these delays is to prime the drain tube with a column of lubricant before induction of anesthesia. We recommend the use of a tube rather than a sachet, as it can be firmly applied to the rim of the drain tube making the injection of a lubricant column easier, quicker and much less messy (Figure). Priming the drain tube also allows the tests of malposition, such as the suprasternal notch tap test and the bubble test, to be performed more rapidly.³

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References

- 1 Drolet P, Girard M. An aid to correct positioning of the ProSeal laryngeal mask (Letter). *Can J Anesth* 2001; 48: 718–9.
- 2 Brimacombe J, Keller C, Judd DV. Gum elastic bougie-guided insertion of the ProSeal laryngeal mask airway is superior to the digital and introducer tool techniques. *Anesthesiology* 2004; 100: 25–9.