Correspondence

Anaesthesia and past use of LSD

To the Editor:

We report the case of a 43-yr-old lady who was admitted to the Day Surgery Unit for release of her carpal tunnel retinaculum. During the preoperative visit, she reported no intercurrent illnesses, drug therapy or allergies. She did say, however, that she was frightened of general anaesthesia, since she had experienced terrifying dreams during surgery under general anaesthesia on three occasions during the previous ten years. On further questioning, she admitted that she had used lysergic acid diethylamide (LSD) during the late 1960's, the last occasion being 1968 when she had experienced characteristic hallucinations. She had not experienced hallucinations in the ensuing years, except on the surgical occasions mentioned.

One of the three previous operations had been performed at our hospital and the anaesthetic record was checked. On that occasion she had received papaveretum and hyscine as a premedication, and anaesthesia had been induced with thiopentone, and maintained with oxygen, nitrous oxide and halothane. The patient was certain she had suffered frightening dreams on that occasion, although there was no record of it in the hospital notes. Despite this history and her fear, she expressed a clear preference for general over regional anaesthesia.

Without making any assurances, it was explained that all would be done to try to prevent her from having distressing dreams in a way consistent with day care anaesthesia. No premedication was prescribed. In the anaesthetic room she was given metoclopramide 10 mg and midazolam 5 mg *iv*, immediately followed by fentanyl 50 µg and propofol 150 mg *iv* for induction. A laryngeal mask airway was inserted and anaesthesia was maintained by spontaneous ventilation with oxygen, nitrous oxide ($\text{FiO}_2 = 0.33$) and isoflurane 2%. The blood pressure, ECG, and pulse oximeter recordings were unremarkable throughout. She recovered in a quiet, darkened room. On questioning 20 min after waking in the recovery room, she reported that she had had no bad dreams or hallucinations but had experienced the sensation of "being covered with leaves." She was fit for discharge in the company of her husband some three hours later.

The most recent figures from the South West Region Drug Problem Database, Bristol, UK (Boulton, personal communication) showed that 6.5% of their new clients

were using LSD. It is more popular than other commonly used hallucinogens whose quoted incidence of clients are: ketamine 0.1% (super-K/vitamin K.¹), psilocybin and psilocin 0.6% (the active alkaloids in the Mexican "magic mushroom"), and 3,4 methylenedioxymethamphetamine "MDMA" 1% (ecstasy). The effects of the concurrent ingestion of LSD on anaesthesia are well described.²⁻⁴ The long-term effects of the past use of LSD are largely unknown. We wonder if the hallucinations experienced by our patient during anaesthesia were due to her LSD intake many years before. We would be interested to know if others have had experience anaesthetising patients who are past users of phencyclidine-derived drugs.

Geoffrey N. Morris MRCGP FRCA

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A new solution to fiberoptic intubation in the presence of blood and secretions

To the Editor:

The role of the laryngeal mask airway (LMA) as an aid to fiberoptic intubation has been well defined.¹⁻⁵ However, the role of the LMA as a protective guide to fibroscopy in the presence of blood, vomitus or secretions in the oral cavity has not been reported earlier.

A 67-yr-old apprehensive man with an unstable fracture of the sixth cervical vertebrae was scheduled for pos-