

sidered to be at high risk of regurgitation and aspiration. However, whilst the OTC probably offers increased airway protection, its value has not been proved in this clinical situation. The LMA does not protect the trachea from regurgitated stomach contents, but has been shown, by Baraka amongst others,⁴ to be life-saving on occasions where tracheal intubation and FM ventilation have both failed. The risk/benefit ratios of these two devices have not been assessed and it is premature to presume that one is superior to the other. The LMA is commonly used during general anaesthesia making it more familiar and immediately available; it can be used in children and it can also be used as an airway intubator.⁵ There is also indirect evidence that LMA insertion is not compromised in the patient with a difficult airway.⁶⁻⁹ In a recent trial, the LMA was used 41 times in 40 adult patients sustaining a cardiopulmonary arrest at a district general hospital. The LMA failed on only two occasions, and was successful in three cases where tracheal intubation was impossible. There were no cases of LMA-related aspiration.¹⁰

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REPLY

The "cannot intubate, cannot ventilate" situation denotes a situation when both tracheal intubation and face mask ventilation have failed. Our patient fell into this category, and hence the Oesophageal Tracheal Combitube (OTC) was utilized for ventilation.¹ The Laryngeal Mask Airway (LMA) has been also life-saving in similar occasions.²

Although the OTC probably offers airway protection in the "full-stomach" situation, the LMA may decrease lower oesophageal sphincter pressure,³ and does not protect the trachea from regurgitated stomach contents. However, I agree with Brimacombe and Berry that the risk/benefit ratios of these two devices have not been assessed in patients with "full-stomach," and it is premature to presume that one is superior to the other.

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Succinylcholine warning

To the Editor:

We read with complete disbelief of the recommendation from Burroughs Wellcome against the use of succinylcholine in adolescents and children. Like our colleagues in Toronto, we have used this drug in the majority of anaesthetics administered to children since the 1950's and found it to be extremely useful, reliable and safe.

The discovery of an adverse effect of a drug should not prompt an immediate recommendation not to use it. All drugs have adverse effects, the only way to avoid them completely is to not use drugs at all. The decision should only be based on the risk/benefit ratio of the drug