

The probable explanation is that with increased muscle tone, voluntary movement and increased body temperature there was increased perfusion of skeletal muscle with re-uptake by the blood of sufentanil and increased plasma concentration. Stimulation during emergence and transfer to the recovery room may antagonise the ventilatory depressant effects of residual low-dose sufentanil and respiratory depression may only become evident when the patient is relatively unstimulated in the postoperative period.

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## Airway assessment in obstetrical patients

To the Editor:

After reading Dr. McIntyre's article on difficult tracheal intubation,<sup>1</sup> I would like to emphasize that any anaesthetist dealing with pregnant patients should assess their airway with the patient *recumbent*. In this position, large pendulous breasts will often rise up to rest under the chin and thus make both constant cricothyroid pressure and tracheal intubation difficult, if not impossible. Taping the breasts out of the way and/or use of a short handled (Datta)

laryngoscope or a laryngoscope with a "polio blade" may facilitate intubation.

Obstetrical emergencies often require anaesthetizing a patient who has recently ingested a full meal. The risk of encountering a difficult or failed intubation as well as pulmonary aspiration of excessively acid gastric material is much greater in the pregnant patient.<sup>2,3</sup> Careful preoperative airway assessment may help to prevent these potential disasters.

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#### REPLY

*One purpose of the article was to emphasise the value of a careful preanaesthesia examination regarding potential difficulties of tracheal intubation. From this viewpoint the problems that may be presented by the pregnant patient do not differ substantially from certain others such as the very obese person. As for the position in which the patient is examined, Dr. Ross's point is well taken and it is reasonable to state that any patient should be examined in the position in which intubation will be attempted. Other matters she mentions, though vitally important, fall within the realm of selection of anaesthesia conditions and state of consciousness under which intubation is done rather than the technique of intubation.*

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## Facial nerve paralysis following mask anaesthesia

To the Editor:

The incidence of facial nerve palsy following mask anaesthesia is rare. Azar and Lear<sup>1</sup> and Glauber<sup>2</sup> in 1986, described three patients who developed sensory and motor nerve dysfunction of the face, following mask