Author's reply

Sir,

We thank Kumaraswamy *et.al.*¹ for showing interest in our article.² In response to the query raised on the tourniquet inflation pressures of 50 mmHg above systolic blood pressure for upper limb and double the systolic pressure for lower limb, we would like to state that these are arbitrary methods that have been proposed and are also in vogue but produce pressures that are quite high when compared with those required to produce a bloodless field.³ The limb occlusion pressure (LOP) has not only shown to produce a bloodless field but also reduces the rate of pressurerelated nerve injuries, which are more common in fixed occlusion pressures above the systolic pressures.⁴

As of now the literature is deficient on the use of pulse oximetry probes for the purpose of detecting adequate occlusion pressures. After extensive search only one study⁵ has been identified which has used oscillometry from pulse oximeter probe for the purposes of estimating the tourniquet inflation pressures and the authors have been able to obtain bloodless field but they have not compared it with the recommended standard i.e., LOP. Further studies are necessary to derive a correlation between LOP and the pressure at which there is inability to detect a pulse with a pulse oximeter probe. The hand-held Doppler is a very economical device and should be made available even in small hospitals or individual setups (cost range being between 2500–3000 INR) for the patient safety purposes and to avoid medicolegal issues accruing from tourniquet-related nerve injuries.

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