



LETTERS

The Effectiveness of 4% Intracuff Lidocaine in Reducing Coughing During Emergence From General Anesthesia in Smokers Undergoing Procedures Lasting Less Than 1.5 Hours

To the Editor: The Wetzel et al¹ article examining 4% intracuff lidocaine on emergence coughing in smokers neglected to mention studies using alkalinized lidocaine in the endotracheal tube cuff. Estebe²⁻⁴ showed alkalinized intracuff lidocaine reduced coughing and restlessness before tracheal extubations compared to air filled cuffs. In vitro studies showed alkalinization of lidocaine with sodium bicarbonate allowed diffusion of 65% (vs 1% without sodium bicarbonate) of neutral base form of lidocaine during 6 hours. I use intracuff alkalinized lidocaine during cases of more than 1 hour. My clinical experience has

shown that coughing and hemodynamic disturbances during emergence are lessened in both smokers and nonsmokers. In addition, postoperative sore throat is lessened.

REFERENCES

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2. Estebe JP, Dollo G, Le Corre P, et al. Alkalinization of intracuff lidocaine improves endotracheal tube-induced emergence phenomena. *Anesth Analg.* 2002;94(1):227-230.
3. Estebe JP, Gentili M, Le Corre P, Dollo G, Chevanne F, Ecoffey C. Alkalinization of intracuff lidocaine: efficacy and safety. *Anesth Analg.* 2005;101(5):1536-1541.
4. Estebe JP, Delahaye S, Le Corre P, et al. Alkalinization of intra-cuff lidocaine and use of gel lubrication protect against tracheal tube-induced emergence phenomena. *Br J Anaesth.* 2004;92(3):361-366.

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Response: Gary Yurina, CRNA, is correct that we did not comment on the 3 Estebe et al articles cited in his letter, even though 2 of the articles were published before the conduct of our project. We appreciate his bringing this to our attention. The articles and comments will be passed on to a current student group that is about to embark on a follow-up study. The report of anecdotal clinical usage and apparent successful technique also are appreciated.

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