Letters

To the Editor:

Recently, brachial plexus block with opioids has been described for postoperative pain relief. Viel et al. compared the effectiveness of 50 μg/kg of morphine with 3 μg/kg of buprenorphine (a highly potent agonist-antagonist opioid) added to 40 mL of 0.5% bupivacaine using a supraclavicular technique. The quality and duration of analgesia (35 versus 18 hours) was significantly better in the buprenorphine group. No hemodynamic changes or respiratory depression was noted. The only reported side effects were a 10% incidence of puritis in the morphine group and a 20% incidence of nausea in the buprenorphine group.

My practice includes approximately 200 brachial plexus blocks annually with approximately 70% of those being axillary blocks. The prospect of providing patients with a prolonged period of postoperative analgesia without prolonged motor or sensory block was very appealing. With this goal in mind, I designed a prospective study to evaluate the effectiveness of axillary block using 3 μg/kg of buprenorphine added to 1.25% mepivacaine with 1:200,000 epinephrine. The study was abandoned after only six patients due to a 100% incidence of severe and prolonged nausea and vomiting which delayed discharge from the ambulatory care unit and required emergency room treatment for one patient several hours after discharge. Also, the duration of analgesia was only 45-60 minutes longer than that expected from the local anesthetic.

Previous studies have produced conflicting results concerning opioid injections into peripheral nerve sites. Responses from readers who have had experience with this technique would be welcomed.

REFERENCES


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Correction

The Panama City, Florida, Bay Medical Center School of Nurse Anesthesia was incorrectly listed as a military program in the Council on Accreditation of Nurse Anesthesia Educational Programs, published in the December 1991 AANA Journal (page 598). The correct listing is:

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The Council apologizes for any inconvenience this might have caused.