anaesthetist. A recent study has shown that epistaxis occurred significantly more frequently (44.4%) when the left nostril was used for nasotracheal tracheal intubation compared with the right nostril (11.1%). We agree that fibreoptic examination of the nasal pathways could be the surest way to confirm the most patent nostril. However, this is time consuming, needs more equipment, and carries the risk of trauma if done by an untrained person.

Conflict of interest
None declared.

A. M. Khattab*
Doha, Qatar
*E-mail: akhattab68@yahoo.co.uk


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Phasing out epidural analgesia for knee arthroplasty

Editor—I was interested in the article comparing intra-articular infiltration with i.v. and epidural analgesia for total knee arthroplasty, which is widely regarded as one of the most painful orthopaedic procedures. In Figure 3, the authors present the mean visual analogue scale scores during knee flexion with each mode of analgesia. Epidurals can provide fantastic pain relief; however, they carry well-known serious risks and prevent adequate postoperative mobilization. However, it is interesting to note that the lowest pain scores are still found with epidural initially and on discharge, all patients’ pain scores (despite the mode of analgesia) seem to plateau to a range of 40–60, which is still disappointingly high.

It would be interesting to know if the authors followed the patients after discharge, arguably a more critical period. Have they used different agents/doses for the intra-articular infiltrate? This paper provides a very exciting alternative to epidural analgesia for this subset of patients.

Conflict of interest
None declared.

E. Pushpanathan*
Nottingham, UK
*E-mail: ellile@yahoo.com

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Reply from the authors

Editor—We thank Dr Pushpanathan for her comments. We1 did a follow-up examination 6 weeks and 3 months after discharge. Moreover, we questioned all patients about 1 yr after surgery with the KOOS score. Results of these follow-up examinations have not yet been analysed.

Regarding the use of different agents/doses, we are currently designing a study comparing local infiltration analgesia (LIA) bolus doses with continuous intra-articular infusion.

Conflict of interest
None declared.

U. J. Spreng*
Baerum, Norway
*E-mail: ulispreng@hotmail.com

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Coagulopathy during intraoperative cell salvage in a patient with major obstetric haemorrhage

Editor—we would like to describe our experience of early detection and management of intraoperative coagulopathy during major obstetric haemorrhage where intraoperative cell salvage (IOCS) was used.

The patient (ASA I) had a Caesarean section under general anaesthesia complicated by intrapartum haemorrhage after delivery due to uterine atony. Bleeding continued despite prompt administration of oxytocics (oxytocin 5 IU bolus followed by 10 IU h⁻¹ infusion, ergometrine 500 μg and carboprost 250 μg, 8 doses) in addition to bimanual uterine compression. After the first 2 doses of carboprost failed to achieve satisfactory uterine tone, IOCS was commenced. A B-Lynch suture was placed...