within the tracheal tube and also has the added advantage that it is free, single-use, readily available, and allows the tracheal tube to be cut to any desired length without worrying about the stylet tip overshooting the tracheal tube.

**Declaration of interest**

None declared.

A. Elayaperumal¹*  
A. Venkataraju²  
¹Sheffield, UK  
²Basingstoke, UK  
*E-mail: dreashok@gmail.com

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**Does adding milk to tea delay gastric emptying?**

Editor—We were intrigued by this small but elegant study¹ by Hillyard and colleagues that seems to suggest that the addition of a ‘splash’ of milk to otherwise ‘clear’ fluids does not make necessary a longer period of fasting to allow gastric emptying before induction of anaesthesia.

We were left wondering, however, if the particulate residue mentioned consisted of coagulated milk protein, and if so, what the effect on the lungs would have been had this been aspirated.

We also wondered whether blurring the definition of a ‘clear’ fluid in order to make fasting nicer for some, might result in more confusion, delay, and risk for others. It would be so easy for a patient, distracted by seemingly more important aspects of their care, to interpret ‘coffee with a splash of milk’ as ‘a venti soy vanilla spice latte with an extra shot’!

If we change the guidelines, we could find that we make it more difficult to explain the rules beforehand, more difficult to work out whether or not a patient is fasted, and more difficult to explain why they are not, when they are not. This too could impact on the patient experience.

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O. Chambers  
M. Davies*  
Liverpool, UK  
*E-mail: securemark@mac.com

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