EDITORIAL II—THE NATIONAL CONFIDENTIAL ENQUIRY INTO PERIOPERATIVE DEATHS

Sir,—There are so many errors of fact in your editorial that we consider that it is essential that you be corrected. Your Journal may have limited appeal outside the specialty, but it would be disappointing if the work of the National Enquiry into Perioperative Deaths were to be misunderstood by anaesthetists as a result of this misleading item.

It is true that many departments of anaesthesia do have morbidity and mortality meetings, but by no means all deaths in our study (37 %) were considered by such meetings (Table 2 in the Report). Surgeons are better than they used to be and now have more meetings, but not yet have they reached the standard set by anaesthetists. Sadly, combined meetings are still uncommon (36 %).

It is difficult to understand how a study of death [1] could as you allege have been prospective; obviously it was not. Beecher and Todd, as anaesthesiologists, studied 10 University hospitals [2] and a sole surgeon was an adviser. There was little if any consideration of surgical factors in that study, and the British efforts are unique in this respect. We did not repeat what was already done before.

CEPOD studied three different Regions in the U.K.—Southern, Northern and North East Thames, the last being the only Metropolitan one. Northern Ireland (not to mention the Channel Islands and the Isle of Man) are included in NCEPOD.

One important epidemiological point that you overlooked was that the sample of deaths in our most recent enquiry was random. We welcome your muted disappoinment that the return of questionnaires from much of the country is currently. Furthermore, four cases of conscious awareness have been reported to the ENQUIRY. We believe that it is essential that you be corrected. Your Journal is no longer available and it is true we were informed of this fact. As a consequence, a reference to this was included subsequently in the discussion, paragraph 6 of the section headed RESULTS.

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PROPOFOL AND ALFENTANIL MIXTURE

Sir,—I read with interest the paper by Taylor and colleagues [1]. The authors have shown that propofol and alfentanil may be administered as a mixture with no signs of altered pharmacodynamics. Despite the fact that Kay reported in 1986 [2] that infusion of a mixture of propofol and alfentanil had been undertaken in 21 patients with no signs of adverse outcome, mixing of these drugs is seen to have been avoided for several years. This is probably because of the limited knowledge of the physiochemical, bacteriological, pharmacokinetic and pharmacodynamic properties of such mixtures. However, in addition to the paper by Taylor and colleagues, three papers of relevance to the possibility of using propofol and alfentanil mixture have been published this year [3–5], and three of the four previously mentioned theoretical shortcomings have been examined, with encouraging results. However, the pharmacodynamic properties remain to be investigated in patients undergoing mechanically controlled ventilation (i.e. if the use of a fixed dose of propofol and alfentanil causes overdistension in any respect).

During the past 3 yr, 2069 patients (aged 2–88 yr) have been anesthetized in our department with a mixture of propofol and alfentanil for procedures requiring tracheal intubation and mechanically controlled ventilation (15 % abdominal surgery with a concomitant extradural block), and we have found few indications of an unfavourable pharmacodynamic action. This letter is aimed to inform others about our preliminary experience concerning the practical use of this mixture. Naloxone has been used to antagonize the opioid effect in six of these patients, and the elapsed time from end of the infusion to tracheal extubation was a mean of 1.12 min in 612 consecutive patients without extradural block (average duration of surgery 54 (20–60) min). The latter result is very similar to that found by Schüttler and colleagues [6], using separate computer-assisted infusions. As our data are retrospective, a controlled, prospective study is being performed currently. Furthermore, four cases of conscious awareness have been identified in the 2069 patients. Thus the incidence of awareness is similar to that found by Liu and colleagues [7]. Two of our cases of conscious awareness were of a technical nature and...