

## Editor's Note



**Y**ou will notice that we have changed our format somewhat mostly to be more user-friendly and cost effective. I trust we achieve both these objectives.

Although we have changed our physical looks our content and objectives remain the same. This journal, if you remember from my editorial in the inaugural edition, does not intend, pretend or try to be a scientific journal. We strive to make this journal imminently readable - by our physical format (easy to read for the older among us with not such good reading eyes) and the type of articles. In this objective we have been successful beyond my wildest imaginings. People do in fact read (and enjoy) this journal. This is 100% in keeping with our other stated objective and that is to be more a teaching journal than a scientific journal. The idea is to be a teaching journal. We hope that through this journal will promote regional anaesthesia and an interest therein. Not only among anaesthesiologists but also among our surgical colleague (especially orthopaedic surgeons), emergency medicine colleagues and general practitioners especially in rural areas. We want to encourage more and more people to try it and get involved. We hope to instil in our readers the love and passion for regional anaesthesia that we have. These objectives we will only accomplish if people actually read the journal - hence our idea to make it easily readable. The trade representative who hand the journal out to all of you report back that it is always received with enthusiasm and appreciation There are many other truly scientific journals for regional anaesthesia and those looking for the pure science of it can get it in those journals. For this reason it is my opinion that there is not a place for yet another scientific journal on regional anaesthesia in South Africa. We do, however, strive to be.

### A Forum for Discussion

In keeping with this, in every edition I include an email address and fax number and invite comments on the

articles – content and presentation, and the journal itself. So far the journal has received almost only positive feedback. Only one suggestion was a change to the front cover, which we did, to make the wording more readable. So again I state that we invite and appreciate input on the journal itself but especially on the articles. All the authors would be happy to defend a statement or point of view via the media of the journal. Please address all input to The Editor: [HYPER-LINK "mailto:rpr@mweb.co.za"](mailto:rpr@mweb.co.za) rpr@mweb.co.za or fax: 0866 531 287.

### Informative

We also try to keep readers informed about activities of RAPSA (Regional Anaesthesia and Pain South Africa) and about regional anaesthesia news in general in South Africa. Please keep us informed about anything to do with regional anaesthesia that you think your colleagues would benefit from knowing. Also, news of workshops – upcoming ones that you would like to invite people to attend, or ones that have already happened – take some photos and send them in – we will publish such news.

### Mostly Local

I really appreciate the fact that in this issue ALL the extremely interesting case studies were sent in to us voluntarily for publication. These authors are entering into the spirit of this journal and I thank them. You do NOT have to wait to be asked or invited to contribute to the journal. If you want to say something or write something, simply sent it in and do not wait to be asked. Especially if you have some comment on the quality of the articles or a specific article – sent a better one in for publication – we will receive it with appreciation, but please don't knock the articles unless you are prepared to contribute. These articles are written by your colleagues, who are at least helping in the success of the journal, and may not always be perfect, but if so, then comment on them via the journal, NOT via other avenues! And then send us a better one.

Please also note that our annual RAPSA meeting for 2006 is being organised by Pretoria and will be held in Centurion – a central point for convenience for all the locals in Gauteng. It is also very easily reached from Johannesburg airport so will also be convenient for out-of-towners. You will see that the slogan for this congress fits in nicely with RAPSA – namely Regional Anaesthesia Practical Skills Applications – we intend to have this the most practical RAPSA meeting yet with practical applications for your regional anaesthesia practice. Please see the advert in this issue.

Of course ALL of this would not be possible without our generous and loyal sponsors who place adverts in this journal. Please take note of their ads, appreciate their support of us and, if you can in clear conscience, support them.

I hope you enjoy this edition. As one of the case studies deals with treatment of local anaesthetic toxicity I have included an excellent article by Dr Henk van Rooyen of Bloemfontein on local anaesthetic toxicity in general.

Enjoy!

### **Russell Phillip Raath**

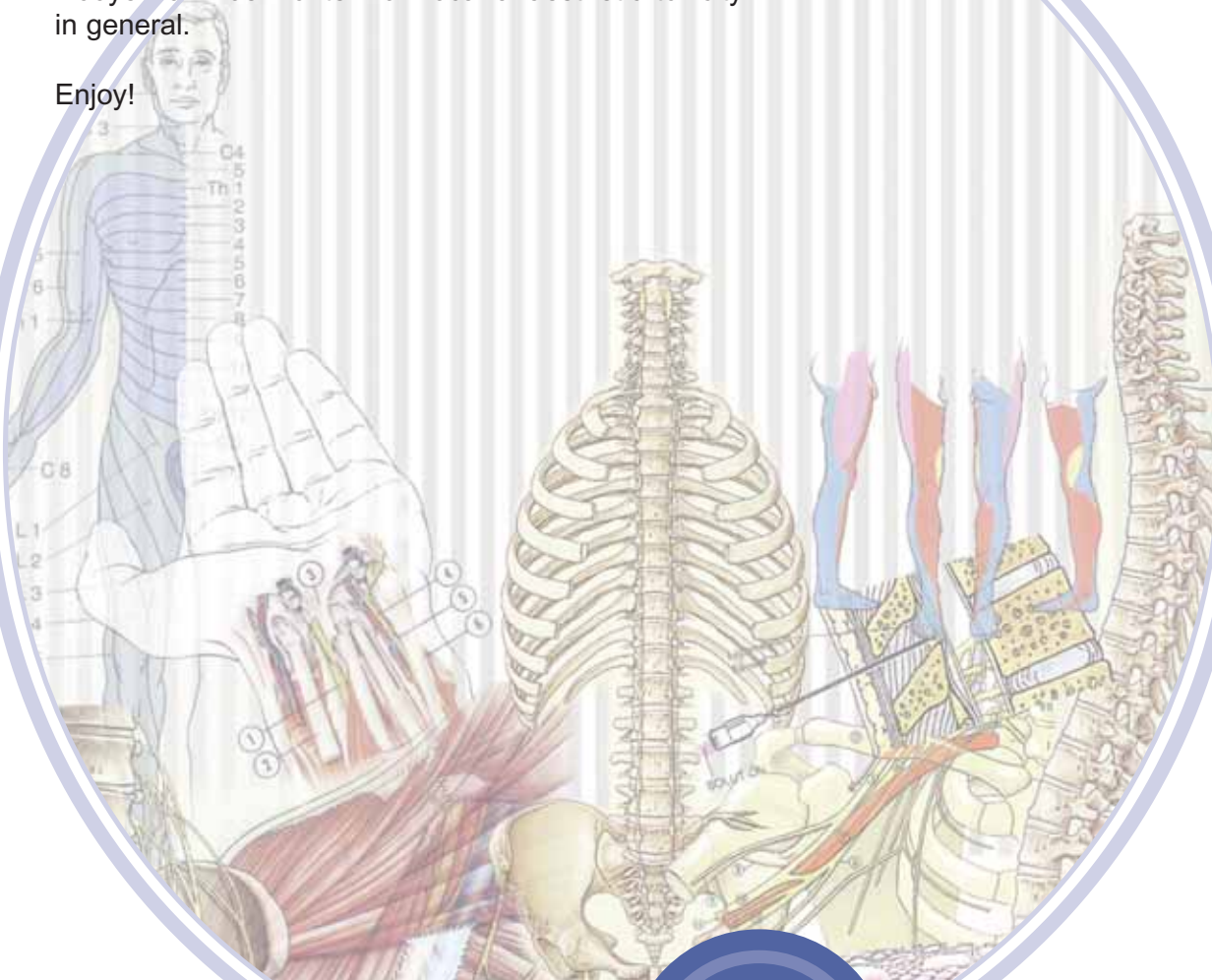
**MBChB (Stel MMed Anaes (Pret)**

**Anaesthesiologist - Private Practice Pretoria**

**Chairman RAPSA (Regional Anaesthesia and Pain South Africa)**

**Honorary - Lecturer - Department of Anatomy University of Pretoria**

**Editor and Publisher - South African Journal of Regional Anaesthesia (SAJRA)**



# SUPRANE offers more CONTROL<sup>(1,2)</sup>



low flow<sup>(3)</sup>

titrate down<sup>(1)</sup>

maintenance<sup>(1)</sup>

titrate up<sup>(1)</sup>

fast tracking<sup>(4)</sup>

stability<sup>(5)</sup>

emergence<sup>(1)</sup>

▶ more precise **CONTROL**<sup>(1)</sup>  
over depth of anaesthesia

▶ more rapid **CONTROL**<sup>(2)</sup>  
of haemodynamic responses to surgical stimulation

AstraZeneca 

desflurane  
**SUPRANE**<sup>®</sup>

DACS 2112/0104

Prescribing Information for Suprane<sup>®</sup>  
Suprane<sup>®</sup> (Liquid) <sup>[S,5]</sup>

Each bottle contains 240 ml desflurane

PHARMACOLOGICAL CLASSIFICATION: A 2.1 Anaesthetics

INDICATIONS: Inhalation agent for the induction and maintenance of anaesthesia in adults and for the maintenance of anaesthesia in infants and children.

CONTRA-INDICATIONS: Patients contra-indicated to general anaesthesia, those with known sensitivity to halogenated agents and patients with known genetic susceptibility to malignant hyperthermia. Patients with a history of malignant hyperthermia, or in whom liver dysfunction, jaundice or unexplained fever, leucocytosis or eosinophilia has occurred after previous halogenated anaesthetic administration. Safety in pregnancy and lactation has not been established.

WARNINGS: Should only be administered by persons trained in the administration of general anaesthesia using a vapouriser that is specifically designed and designated for use with SUPRANE. Facilities for maintenance of a patent airway, artificial ventilation, oxygen enrichment and circulatory resuscitations must be immediately available. Hypotension and respiratory depression increase as anaesthesia is deepened. A reaction with desiccated CO<sub>2</sub> absorbents to produce carbon monoxide may result in elevated levels of carboxyhaemoglobin in some patients. Case reports suggest that barium hydroxide lime and soda lime become desiccated when fresh gases are passed through the CO<sub>2</sub> absorber canister at high flow rates over many hours or days. If this is suspected the absorbent should be replaced before administration of SUPRANE. Not recommended as an inhalation induction agent in paediatric patients due to the occurrence of cough, breath holding, apnoea, laryngospasm and increased secretions in children under 12 years. It should not be used as the sole agent for anaesthetic induction in patients at risk of coronary artery disease or in patients where increases in heart rate or blood pressure are undesirable. It should be used with other medicines, preferably intravenous opioids and hypnotics. Due to limited experience in neurological patients it cannot be recommended. A lower concentration is recommended in hypovolaemic, hypotensive and debilitated patients. If malignant hyperthermia unexpectedly occurs discontinue SUPRANE that has been shown to be a potential trigger, dantrolene sodium will be indicated to reverse this hyperthermia. Not indicated in obstetric operations. With the use of halogenated anaesthetics, disruption of the liver function, icterus and fatal liver necrosis have been reported and indicate hypersensitivity to anaesthetics. Cirrhosis, viral hepatitis or other pre-existing liver disease can be reason to choose a non-halogenated anaesthetic.

DOSAGE AND DIRECTIONS FOR USE: SUPRANE is administered by inhalation via a vapouriser specifically designed and designated for use with SUPRANE. See package insert for the dosage instructions.

SIDE EFFECTS AND SPECIAL PRECAUTIONS: Use can trigger skeletal muscle hypermetabolic state leading to high oxygen demand and malignant hyperthermia (MH). Treatment of MH includes discontinuation of the triggering agent, administration of IV dantrolene sodium and application of supportive therapy. SUPRANE may cause dose dependent hypotension and respiratory depression. Adults: inhalation induction of anaesthesia

may result in cough, breath holding, salivation, apnoea and laryngospasm. Hepatitis has been reported less frequently. Nausea and vomiting that could be related to the surgical process have been observed. Transient elevation in white blood cell count has been observed. Pregnancy and lactation: Safety in pregnancy and lactation has not been established. Effects on ability to drive: Patients should be advised that the ability to perform these tasks may be impaired and to avoid such tasks for a period of 24 hours. INTERACTIONS: SUPRANE potentiates commonly used muscle relaxants. Lower doses of SUPRANE are required in patients receiving opioids, benzodiazepines or other sedatives. Concomitant nitrous oxide reduces SUPRANE minimum alveolar concentration (MAC). Effects are illustrated in Tables 1 and 2 in the package insert of SUPRANE.

REGISTRATION NUMBER: 31/2.1/0417

DETAILS OF THE REGISTERED LICENCE HOLDER: AstraZeneca Pharmaceuticals (Pty) Limited, 5 Leeuwkop Road, Private Bag X30, Sunninghill, 2157, Reg. No. 1992/005854/07, (011) 797 6000 Ref: PI (31/07/2001)

For full details relating to any information mentioned above please refer to the package insert of SUPRANE

References:

1. Patel SS, Goa KL. Desflurane. A Review of its Pharmacodynamic and Pharmacokinetic Properties and its Efficacy in General Anaesthesia. *Drugs*. 1995; 50(4):742-767
2. Bennett JA, Mahadeviah A, Lingaraju N et al. Desflurane Controls the Hemodynamic Response to Surgical Stimulation More Rapidly Than Isoflurane. *J. Clin. Anesth* 1995; 7:288-291.
3. Raeder JC. Optimising anaesthesia - low-flow Suprane<sup>®</sup> (desflurane) in major gastric surgery. *Suprane<sup>®</sup> Case Study*.
4. Song D, White PF. Fast-Tracking after General Anaesthesia in the Ambulatory Setting: Comparison of Desflurane, Sevoflurane and Propofol. *Anesthesiology* 1997; 87(3A) Suppl, Abs A33
5. Nathanson MH, Fredman B, Smith I, et al. Sevoflurane vs Desflurane for Outpatient Anaesthesia: A Comparison of Maintenance and Recovery Profiles. *Anesth Analg* 1995; 81:1186-90

AstraZeneca Pharmaceuticals (Pty) Ltd. Co. Reg. No. 1992/005854/07.  
5 Leeuwkop Road, Sunninghill, 2157, South Africa.

® is a registered trademark.

[S5] Suprane. Each bottle contains 240 ml Desflurane. Reg. No. 31/2.1/0417.

Baxter Manufactured by Baxter Healthcare Corporation of Puerto Rico 00784 USA for AstraZeneca, SA. Suprane is a trademark of Baxter International Inc., used under licence.