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#### REPLY

We thank the authors for their interest in our study and for the insightful observations they have provided. As they stated, most paediatric anaesthetists are faced with the inability to provide adequate immediate postoperative analgesia after tonsillectomy. The use of local anaesthetic either topically or after submucosal infiltration has been investigated as a means of controlling postoperative tonsillectomy pain in infants and small children.<sup>1</sup> It had been suggested previously in a Letter to the Editor that the use of topical bupivacaine 0.5% was effective in providing immediate postoperative pain relief.<sup>2</sup> Our prospective study was motivated by the necessity to prove the safety of the use of bupivacaine after tonsillectomy in children and also to assess its immediate efficacy. It is reported that the administration of bupivacaine with epinephrine or phenylephrine is more likely to produce cardiorespiratory depression.<sup>3</sup> We use the OPS score<sup>4</sup> to assess immediate pain relief with the understanding that the test was not validated by peer-reviewed process but that it had been used extensively for that purpose in past studies. Furthermore, as stated by Drs. Finley and McGrath, the OPS score has been shown to be valid when compared to the CHEOPS scale in immediate pain evaluation.<sup>5</sup> We agree that the need to determine appropriately the effect of bupivacaine on the duration of pain relief after tonsillectomy would necessitate the use of other pain evaluation scoring system. The question of whether the differences amongst the groups carry beyond the immediate postoperative period is important and relevant in assessing the clinical usefulness of peritonsillar infiltration.

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### Brevibloc drug errors

To the Editor:

In a routine administration of Brevibloc prior to induction and intubation of a healthy 52-year-old male, for laparoscopic surgery, who required the drug for labile hypertension; I reached for the Brevibloc out of my drug cabinet and administered 8 ml of the 10 ml drawn into the syringe, as usual. To my alarm this caused a brady-asystolic arrest requiring full resuscitation measures. The patient developed severe cardiogenic shock and was further treated with vasopressors and monitored in the ICU with invasive monitoring for 24 hrs. There was no damage to the patient other than missing his surgery.

In retrospect, I discovered that the discarded Brevibloc vial contained the 250 mg·ml<sup>-1</sup> concentration rather than the 10 mg·ml<sup>-1</sup> concentration used in the bolus containers. The containers are so similar, that this mistake is likely to recur unless special precautions are initiated at various levels of its handling.

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#### REPLY

BREVIBLOCK® (esmolol) packaging does conform to all regulatory and association requirements for injectable medications. However, to help prevent further similar instances as that described by Dr. Pearce, we have decided to take further action. A letter mailing was sent in November 1995 to all Anaesthetists and Hospital Pharmacists in Canada highlighting that the ampoule is a concentrated form of Brevibloc. Included in the mailing was a supply of stickers that could be affixed to the concentrated ampoule (250 mg·ml<sup>-1</sup>), already available in the Hospital, alerting the end user that this format must be diluted before use. Additionally, all Brevibloc ampoules being sold by Zeneca Pharma, as of the 1st December, 1995, have been stickered with a bilingual red label which reads "Attention: Dilute Before Use." We are also discussing whether further packaging changes could be of benefit with an advisory board of Anaesthetists and Pharmacists.

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### Pneumothorax complicating hypertrophic cardiomyopathy

To the Editor:

Hypertrophic Cardiomyopathy (HCM) is characterized by hypertrophied and nondilated left ventricle. An 80 yr-old man with HCM was scheduled for right hemicolectomy for adenocarcinoma of the colon. His interventricular septum and posterior wall thickness were 1.8 and 1.3 cm, respectively, with a septal:wall ratio of 1.38. A pulmonary artery catheter was placed through the left subclavian vein 12 hr before the surgical procedure and its position was confirmed by chest x-ray. He received general anaesthesia for an uneventful surgical