LETTERS TO THE EDITOR

Inter-scalene brachial plexus blocks

Sir

The authors of this study have presented a very useful technique which can, with suitable precautions, be used in the accident and emergency department. I note that although virtually 50% of their patients developed complications, these were minor. I note that they emphasize that a short needle must be used to minimize the risk of major complications. As a person who has used this technique in the past, may I further emphasize this point. When using this technique in the past, with a longer needle, a patient of mine has undergone a total spinal anaesthetic inadvertently. This was presumably due to leakage of the local anaesthetic (1% lignocaine with adrenalin) into a dural sheath. In this case the volume of anaesthetic was of the order of 5 mls before symptoms began and the procedure was terminated. Following intubation and circulatory support, the outcome was uneventful and the operative procedure was carried out as planned.

In addition to advising cautious use of a short needle, it is my firmly held view that no regional blockade technique should be used unless the patient is in an area where full resuscitation facilities exist i.e., ability to intubate, ventilate, support the circulation and reverse arrhythmia. I now utilize 1% plain prilocaine for all regional blockade procedures and will only carry them out in a suitably equipped area after formal consent has been obtained from the patient.

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Accidents in the accident and emergency department

Sir

Accident and emergency departments exist to provide prompt and appropriate care to those ill and injured patients in urgent need. Some patients also suffer accidents during the therapeutic process; hospitals have been shown to be unsafe for patients (Snell, 1956; O'Brien *et al.*, 1987; Banco & Powers, 1988) and for staff (Flournoy & Rickard, 1987).

As part of our departmental quality assurance process, we studied 'accident forms' relating to any incidents involving patients which occurred between 1.1.1987 and 31.12.1988 (n=32). During this period, 103151 patient attendances took place in the Department, giving an accident rate of 31/100,000 attendances. An age/sex breakdown of attenders and accident victims is shown in Table 1.