Re: Postoperative fluid balance in patients having operations on the head and neck

Sir,

Bryniarska et al. highlighted important concerns in the management of patients after head and neck surgery. We identified similar problems with postoperative fluid overload in our patients after reconstruction with free flaps. After resection of head and neck cancers and reconstruction our patients remain intubated and ventilated for the first postoperative night. Hypotensive episodes are common as a consequence of anaesthesia maintained with propofol and morphine. Potential consequences of this are inadequate flap perfusion and fluid overload secondary to hoistage of fluid given in an attempt to normalise blood pressure.

Complications resulting from inappropriate fluid management are thought to develop in as many as 50% of perioperative patients, and their adverse outcomes are well documented. The unresolved dilemma is the relation between flap perfusion, systemic blood pressure, cardiac output, and which drugs have the most influence on flap perfusion. We are currently evaluating various alpha-agonists and inotropes to identify the optimal treatment for flap perfusion.

As part of this ongoing research we introduced continuous monitoring of cardiac output perioperatively. Measurement of cardiac output or stroke volume is a necessary facet of caring for critically ill patients. Previously only possible using invasive pulmonary artery catheters, the LiDCO™ Plus system is one method of minimally invasive monitoring that is now available to us. This system calculates the variations in pulse pressure, systolic pressure, and stroke volume that occur through the respiratory cycle, providing reliable information regarding the patient’s response to fluids. As it is routine practice to obtain central venous access and monitor arterial pressure in patients with head and neck cancer, LiDCO™ plus could be used, with the potential to optimise perioperative fluid balance.

Declaration

The authors have no affiliation with LiDCO Ltd.

References


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Available online 31 January 2009


Re: Allergy to metal caused by materials used for intermaxillary fixation: Case report

Sir,

The patient’s eczema disappeared after 2 days but the other symptoms persisted for 11 days. The recovery struck us as fast, but we do not understand why the symptoms disappeared so quickly.

Reference


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Available online 8 February 2009

doi:10.1016/j.bjoms.2009.01.004

Re: Letter to the Editor: Will any wire do?

Sir,

I share the problem faced by Walker and McCann. I work in a busy trauma referral centre and we usually keep one wiring set for temporary wiring on patients with avulsed teeth, or fractures.