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LETTER TO THE EDITOR

In reply to comment on "Lidocaine spray 10 min prior to intubation: effects on postoperative sore throat"

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Keywords Lidocaine spray · Sore throat · Intubation

In reply:

We thank Fu Shan Xue and colleagues for their interest in our recent article [1]. First, there were no exclusion criteria in our study after the obtaining of informed consent. Because of the aging society and because there is no department of pediatrics at our hospital, the mean age of our patients who had the surgery was more than 60 years. Anesthesia was maintained with nitrous oxide, oxygen, and sevoflurane. There were no records about the use of stylets or cricoid pressure, but basically we do not need both a stylet and cricoid pressure for intubation, unless, rarely, there is a case of difficulty of intubation. As noted, the cuff balloon of the endotracheal tube (ETT) was inflated manually with minimum pressure to reduce the possibility of leakage, and we checked it during surgery. We considered the various risk factors and chose the final model based on Akaike's information criterion (AIC). We agree with your suggestions about risk factors.

Second, we use lidocaine spray at entry to the operating room (OR) with the cooperation of the patient, without a laryngoscope. As you mentioned the potential of the ingredients of lidocaine solution to cause airway mucosal damage [2, 3], we suggest that additional studies to investigate these chemical additives are required.

Third, the patients were asked about symptoms by a single investigator who was blinded to the group allocation. At our hospital (a private hospital), we do not have a post-anesthesia care unit and the sixth hour after extubation is in the middle of the night in almost all cases. Because of these situations, it is difficult to find out about postoperative sore throat (POST) at 1 and 6 h after extubation.

Fourth, although we did not have a postoperative analgesic protocol in our clinical study, we evaluated the postoperative analgesia (mainly epidural anesthesia and the use of diclofenac sodium suppositories) and found that epidural anesthesia was the only potential predictor of sore throat and risk reduction based on AIC.

References

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