KETAMINE ANAESTHESIA FOR GYNAECOLOGICAL LAPAROSCOPY: OXYMETRIC AND CAPNOGRAPHIC APPRAISAL

Dear Editor,

I have read with interest the article ‘Ketamine Anaesthesia for Gynaecological Laparoscopy’ by Lt Col PM Velankar et al. I feel that the use of ketamine for gynaecological laparoscopy is indeed a very useful tool especially in small sized hospitals where facilities are not so ideal.

General anaesthesia, lithotomy position, pneumoperitoneum and steep trendelenburg are all factors which will contribute to ventilation/perfusion mismatch and consequent reduction in PaO2 [2-4]. Some amount of reduction in tissue oxygenation is inevitable when patients undergo gynaecological laparoscopy under dissociate anaesthesia with ketamine.

All operation theaters are not fortunate enough to have pulse oximeters and in view of the facts stated above I feel that it should be MANDATORY to administer oxygen by face mask to all patients undergoing this procedure. It will do no harm to patients who do not need it but will prevent a potentially dangerous situation in those patients who need it.

REFERENCES

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Author’s Reply

Dear Editor

We thank the writer for his interest in our article. We agree with his comments. However, we would like to submit the following. Pelvic laparoscopy is a short surgical procedure. Steep trendelenburg position is not required and only 3-5 litres of gas is used to induce pneumoperitoneum. So these two factors do not cause much cardiorespiratory embarrassment. We have carefully monitored these patients under ketamine anaesthesia using pulse oximeter and observed that incidence of oxygen desaturation and hypoxaemia is very low.

We have used pulse oximeter in this study with an aim to evaluate effect of ketamine anaesthesia on SaO2 while patients are breathing air spontaneously. The purpose of this study is not to recommend that pulse oximeter is mandatory during ketamine anaesthesia for pelvic laparoscopy. We also strongly recommend oxygen supplement to all these patients as concluded in our article.

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