initial few cases we were using single shot technique. After receiving this letter we did a number of cases under pure spinal anaesthesia with bupivacaine and fentanyl and had similar results as with CSE but it does call for further studies to confirm. The biggest problem faced during laparoscopic surgery under regional anaesthesia is shoulder tip pain because of diaphragmatic stretching especially if the initial peritoneal insufflation is too rapid. This pain is mediated

through C4 which can't be blocked either by CSE or EVE and we feel that this was considerably muted by intrathecal fentanyl but further larger comparative studies will be required to confirm this.

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Letter to the Editor

Dear Editor,

We read with profound interest the original article titled 'Real time ultrasound-guided percutaneous tracheostomy: is it a better option than bronchoscopic guided percutaneous tracheostomy?' by Ravi et al. published in *Med J Armed Forces India* 2015;71(2):158–164.¹ The study highlights the usefulness of ultrasound-guided percutaneous tracheostomy (USPCT) in assessing the vascular and soft tissue anatomy of the neck as compared to the bronchoscopic-guided percutaneous tracheostomy (BPCT).

We have the following queries:

- Was any percutaneous tracheostomy (PCT) performed in an unintubated case or an awake patient in the study?
- Use of local infiltration with Lignocaine with or without adrenaline before or during the procedure.
- Plausible reason for the statistically significant tracheal cuff puncture, 8 out of 36 cases in BPCT technique against 0 out of 38 cases in USPCT.

We would also like to express the following:

In our experience of twenty-four BPCT performed between August 2012 and July 2015 (Griggs technique – 10 and PercuTwist technique – 12), the only significant major complication we had was two cases of severe hemorrhage (<50 ml), both with the Griggs technique. Both cases were obese with short neck. As brought out by your article, availability of ultrasound guidance may have prevented the complications.

A study found the use of ultrasound combined with bronchoscopic examination very useful in enhancing the

safety of PCT. Ultrasound examination before and bronchoscopic surveillance during the procedure drastically minimized complications in PCT.²

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Reply

Dear Editor,

Thank you very much for the keen attention given to the article. I have replied to your kind queries to the best of my abilities and hope these replies will suffice.

- We did perform the percutaneous tracheostomy (PCT) in unintubated patient in few of the planned percutaneous tracheostomy in the ICU. However, we did not include it in our study since they were very few in numbers and it would have created a bias (as per the statistician) in the analysis.