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To the Editor,

The recent *JAMA* review of Friedberg's *Anesthesia in Cosmetic Surgery* by Dr. Andranik Ovassapian, a noted authority on (and teacher of) advanced airway management, contains two erroneous statements: i.e. "The technique (propofol ketamine) relies heavily on maintaining the bispectral index (Aspect Medical Systems, Inc) at a level of **65-75** and uses **no** advanced airway." (1)

Anesthesia in Cosmetic Surgery, Ch. 1, Table 1-7, 'Airway algorithm,' item #4 (2), clearly states an LMA (laryngeal mask airway) is to be used *when* the previous three maneuvers (i.e. items #1, 2 and 3) fail to maintain airway patency.

A Google search for 'LMA advanced airway device' finds a 2005 peer-reviewed reference (3) that reads "...ventilation with a bag through an advanced airway (eg, endotracheal tube, Combitube or LMA)..." Neither *JAMA* nor as noted an airway authority as Dr. Ovassapian should need a peer reviewed reference to correct this obvious error.

Dr. Ovassapian's statement should have read: "The technique relies heavily on maintaining the bispectral index (Aspect Medical Systems, Inc) at a level of **60-75** and makes **minimal use** of advanced airways."

Anesthesia in Cosmetic Surgery, Ch. 1, Table 1-6 'Clinical pathway,' item #9 (4) clearly reads: "Maintain propofol at BIS **60-75**", not as Dr. Ovassapian erred stating, 65-75.

The 'uses no advanced airway' error needlessly impugns the published safety of BIS monitored, propofol ketamine MAC.

Since 1998, there have been no pulmonary aspirations, unexpected difficult intubations (secondary to BIS guided, incremental propofol induction and maintenance, **no** endotracheal intubations were required), or hypoxic insults due to inadequate airway management.

"Newer techniques for intravenous sedation that include the use of propofol drips, often in combination with other drugs, have made it possible to perform lengthy or extensive

surgeries without general anesthesia and **without the loss of the patient's airway protective reflexes.**¹¹ (5)

¹¹ Friedberg BL: Propofol-ketamine technique, dissociative anesthesia for office surgery: a five-year review of 1,264 cases. *Aesth Plast Surg* 1999;23:70.

BIS monitored propofol ketamine MAC or minimally invasive anesthesia (MIA)[®] is also known as 'Goldilocks' anesthesia; i.e. measuring the target organ, the brain, facilitates anesthesia that is not too much, not too little, but just right.

Readers of JAMA rely on the accuracy of information in the book reviews it publishes. Despite the publication of this letter of correction, the damage done by initial publication of such avoidable errors is not readily undone.

Yours sincerely,

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References

1. *JAMA* 2008; 299: 1483-1484.
2. Friedberg BL: Propofol ketamine with bispectral (BIS) index monitoring chapter in Friedberg BL (ed): *Anesthesia in Cosmetic Surgery*. Cambridge University Press, New York, 2007, p. 8.
3. *Circulation* 2005;IV-51-IV57.
4. Friedberg BL: Propofol ketamine with bispectral (BIS) index monitoring chapter in Friedberg BL (ed): *Anesthesia in Cosmetic Surgery*. Cambridge University Press, New York, 2007, p. 6.
5. Lofsky AS: Deep venous thrombosis and pulmonary embolism in plastic surgery office procedures. The Doctors' Company Newsletter, Napa, CA, 2005
<http://www.thedoctors.com/risk/specialty/anesthesiology/J4254.asp>