

## Conflict of interest

None declared.

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- 1 Bhattacharya AK, Lin DS, Connor WE. Cholesterol metabolism in patients with cerebrotendinous xanthomatosis: absorption, turnover and tissue deposition. *J Lipid Res* 2007; **48**: 185–92
- 2 Cali JJ, Russell DW. Characterization of human sterol 27 hydroxylase: a mitochondrial cytochrome P-450 that catalyzes multiple oxidation reactions in bile acid biosynthesis. *J Biol Chem* 1991; **266**: 7774–8
- 3 Cruysberg JR. Cerebrotendinous xanthomatosis: juvenile cataract and chronic diarrhoea before the onset of neurological disease. *Arch Neurol* 2002; **59**: 1975
- 4 Cruysberg JR, Wevers RA, Van Encel BG, Pinkers A, Van Spreek A, Tolboom JJ. Ocular and systemic manifestations of cerebrotendinous xanthomatosis. *Am J Ophthalmol* 1995; **120**: 597–604
- 5 Berginer VM, Salen G, Sheter S. Long-term treatment of cerebrotendinous xanthomatosis with chenodeoxycholic acid. *N Engl J Med* 1984; **311**: 1649–52

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## Transversus abdominis plane block for renal transplant recipients

Editor—I read with interest the article on the use of transversus abdominis plane (TAP) blocks in the postoperative pain management of renal transplant patients.<sup>1</sup> I had a few queries for the authors.

- (i) Did the authors use ultrasound guidance to perform the block? The use of ultrasound, in addition to helping to better delineate the tissue planes, may conceivably allow the administration of larger volumes of more dilute local anaesthetic, so as to facilitate longer lasting pain relief.
- (ii) The authors have used a similar intraoperative analgesic regimen, that is, acetaminophen and morphine in both groups. Did they notice a decrease in the intraoperative use of morphine in the TAP group? Also, will the intraoperative use of morphine in the TAP group be a confounding factor in the postoperative evaluation of pain in this group?
- (iii) The authors state that there was no significant difference in pain scores at 24 h. Could that situation be modified by the use of an indwelling TAP catheter that could be topped up at regular intervals?

## Conflict of interest

None declared.

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Editor—I would like to thank Dr Philip for his interest in our study and wish to respond to each of the points raised.

- (i) We use a high-frequency, 6–13 MHz linear array ultrasound probe placed between the costal margin and iliac crest in the mid-axillary line to allow visualization of the TAP. We utilize an in-plane needle approach to allow optimum needle visibility and accurate placement.
- (ii) As detailed in our results, there was a statistically significant reduction in intraoperative morphine requirements in the TAP group 0.4 (1.2) mg compared with 9.3 (1.4) mg in the control group ( $P < 0.0001$ ). The intraoperative and postoperative analgesic regimens were identical so that any reductions in morphine requirements in the postoperative period are attributable to the TAP block. Only one patient in the TAP group required 4 mg of morphine during surgery; therefore, intraoperative morphine could not have been a co-founding factor in pain assessment in the TAP group.
- (iii) As for the placement of continuous TAP catheter to prolong analgesia beyond the first 24 h, it is our experience that there is a sharp decline in the use of patient-controlled analgesia in renal transplant recipients from the second day after surgery on which they are usually converted to oral analgesics. On the other hand, although we routinely use continuous TAP catheters for other surgical procedures, we are very reluctant to use indwelling TAP catheters in this cohort of patients as their immunosuppression may make them more susceptible to infection which could be extremely hazardous given the close proximity of a catheter's location to the transplanted kidney.

## Conflict of interest

None declared.

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- 1 Mukhtar K, Khattak I. Transversus abdominis plane block for renal transplant recipients. *Br J Anaesth* 2010; **104**: 663–4

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## Systemic effects of topical ophthalmic agents

Editor—We would like to remind readers of the importance of understanding the systemic effects of topical agents used in ophthalmology and alert them to the side-effects of apraclonidine. We describe a case of acute pulmonary oedema after the use of topical apraclonidine during a paediatric day surgery strabismus operation.