

propofol and 2 days later triglycerides had returned to baseline. On day 12, triglycerides had increased again to 4.6 mmol litre⁻¹. She died of a pulmonary embolus.

Case 2: A 16-yr-old patient who presented with pneumonia after H1N1 influenza. Her serum triglycerides increased from 1.0 to 3.3 mmol litre⁻¹ and reduced after stopping propofol. When it was re-introduced, her serum triglycerides increased again and correlated closely to the propofol infused, reducing after propofol was stopped. Triglycerides increased again on day 12 to 3.9 mmol litre⁻¹ without any propofol infusion.

Case 3: A 31-yr-old patient who was 34 weeks pregnant when she contracted H1N1. After 3 days of propofol, her triglycerides had increased from 3.5 to 9.8 mmol litre⁻¹ when propofol was replaced with midazolam. They gradually reduced to 4.3 mmol litre⁻¹ but on day 11 they increased again to 7.3 mmol litre⁻¹. She died of multi-organ failure.

As these patients did not display any features of propofol infusion syndrome,¹ we think the lipid load due to propofol is not being appropriately handled by these patients which is unusual in this young population. There is no mention of triglyceride metabolism disturbance in the oseltamivir data sheet, but this does not seem to have been specifically studied. As routine measurement of triglycerides is not generally carried out in the critically ill on a daily basis, other ICU clinicians may not be aware of this phenomenon. We are not sure of the clinical significance of this observation; however, given that one of our patients died of a pulmonary embolus, we believe that the clinical community should be made aware of disturbed lipid metabolism in these patients.

D. Cottle*

E. Boxall

R. Protheroe

R. Kishen

Salford, UK

*E-mail: cottle78@yahoo.co.uk

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fascia (immediately deep to transversus abdominis) is continuous posteriorly with the iliacus fascia, which is itself immediately deep to the femoral nerve. That is, the femoral nerve lies in the same tissue plane as the space deep to transversus abdominis. They demonstrated that as little as 1 ml of injectate placed between transversus abdominis and transversalis fascia tracks postero-medially to surround the femoral nerve. The needle needed to be advanced only 2–3 mm to penetrate transversus abdominis. With an injection point 3 cm medial to the anterior superior iliac spine, they measured the distance to the femoral nerve at 4.5 cm in females and 3.2 cm in males. The injection point for TAP block is more posterior and is likely to be even closer to the femoral nerve. TAP block is a new technique with no track record of complications. It is highly likely that too deep placement of even a portion of the injectate for a TAP block could cause a femoral nerve palsy. Being new to ultrasound guidance, I find it difficult to reliably identify the layers of the abdominal wall and use small volume injections to locate and determine the depth of the needle. I am unconvinced that ultrasound guidance will eliminate the possibility of this potential complication. As TAP blocks are being recommended for day-case surgery, it is imperative that the injection is performed with a high degree of accuracy and also that accidental femoral nerve palsy is reported. In our unit, an accidental femoral palsy caused a patient to fracture their ankle in the day unit when trying to mobilize after an inguinal hernia repair.

G. Walker*

Banbury, UK

*E-mail: graham.walker@orh.nhs.uk

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4 Rosario DJ, Jacob S, Luntley J, Skinner PP, Raftery AT. Mechanism of femoral nerve palsy complicating percutaneous ilioinguinal field block. *Br J Anaesth* 1997; **78**: 314–6

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Transversus abdominis plane block: a note of caution!

Editor—There have been recent publications and an editorial in the *British Journal of Anaesthesia* regarding transversus abdominis plane (TAP) block.^{1–3} I wish to sound a note of caution. A cadaver study by Rosario *et al.*⁴ examining the mechanism of femoral nerve palsy after ilio-inguinal nerve block showed that the transversalis

Effect of short-term exercise training on aerobic fitness in patients with abdominal aortic aneurysms

Editor—Kothmann and colleagues¹ have shown that a 6 week hospital-based exercise programme for patients under surveillance with abdominal aortic aneurysm's