



transient hypocalcaemia. Hypocalcaemia, hypomagnesaemia and alkalosis are known to cause a positive Trousseau's sign [3].

As regional techniques allowing patients to be conscious during surgery become more commonplace in anaesthetic practice, we would advise practitioners not to underestimate the need for anxiolysis. Thorough exploration of patients' anxiety should be made in patients undergoing such procedures, with careful consideration given to the need for anxiolytics. Respiratory monitoring may be useful, with an increase in respiratory rate acting as a marker for hyperventilation. Anxiety not only leads to an unpleasant patient experience, but may also prevent surgical access.

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Research, audit and journal policies

The editorials [1, 2] on research and audit and ethical review identify

important issues that could have a serious negative impact on the dissemination of learning from clinical audit and quality improvement activities. They discussed the definition and intent of clinical audit and research, the need for ethical oversight of clinical audit and quality improvement activities, and whether or not the Research Ethics Committee (REC) or Institutional Review Board (IRB) is the only or right mechanism for the ethical oversight of clinical audit and quality improvement activities, particularly for the purposes of publication.

Possible confusion between research and audit or quality improvement has been recognised in the literature [3]. The requirement by journals for ethical review undertaken in advance of carrying out a clinical audit or quality improvement activity is likely to discourage publications of such work [3]. Therefore, is this policy in the public interest, given the recognised need to disseminate knowledge and experience related to improving the quality and safety of healthcare services? In the UK, guidance on how to identify clinical audit or quality improvement projects that need ethical scrutiny has been provided for National Health Service (NHS) organisations. Organisational mechanisms for ethical oversight have also been suggested and some adopted [4].

It may be appropriate for journal editorial boards to adopt a short list of characteristics of clinical audits or quality improvement activities for which evidence of ethical scrutiny by the author's organisation is required as a prerequisite for publication. The list could incorporate the list of situations or circumstances included in the current advice to NHS organisations. This is a more rational and less discouraging approach than imposing REC/IRB review of clinical audits and quality improvement activities being carried out in health-care organisations.

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The 'pecs block': a novel technique for providing analgesia after breast surgery

I read the recent article by Finnerty and colleagues with interest [1] and