

worse in smokers and older males [4]. This may account for the transient bronchospasm or at least have contributed to it. Postoperatively, there were no thrombotic or respiratory complications, but graft function was delayed for 2 days and he was temporarily dialysed. He is now home and recovering well after a successful transplant.

In summary, the pre-operative assessment of Anderson-Fabry disease should concentrate on end-organ damage to the heart, brain, lungs and kidneys. The older the patient, the more likely it is that they will have a significant degree of organ impairment that will require consideration before major surgery. Investigations should include urinalysis, 12-lead ECG, echocardiography, spirometry and a comprehensive renal assessment. Respiratory function should be carefully assessed in those who continue to smoke and pre-operative treatment with hydrocortisone should perhaps be considered. The need for bronchodilators must be anticipated and avoiding drugs and clinical interventions that are commonly associated with histamine release appears sensible. In elective cases we also advocate having a low threshold for noninvasive cardiac stress tests in those > 30 years of age and relevant symptoms.

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## Transfer device for supermorbidity obese patients

We read with interest the guidelines on 'Peri-operative management of the morbidly obese patient' published by the Association of Anaesthetists [1]. The working party discussed the immediate availability of a manual handling equipment list within each hospital. An important addition to this list is the Airpal hover mattress (Airpal Patient Transfer Systems Inc., Center Valley, PA, USA), a lightweight portable mattress which is placed under the patient and inflated using a portable motorised canister. The mattress is filled with low pressure air (Fig. 1), gently lifting the patient and creating an air column between the patient and the operating table [2]. The patient can then be transferred on a cushioned film of air allowing two individuals to perform a task which previously required six to eight people. The mattress has no patient weight restriction and is ideal for supermorbidity obese bariatric surgical cases. We have found the mattress to be an extremely useful practical tool at our institution where over 8% [3] of surgical patients have a body mass index > 40, reducing the risk of injury to both staff and patients.

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## Use of a plastic Yankauer sucker for the reinsertion of a displaced percutaneous dilational tracheostomy tube

Displacement of a percutaneous dilational tracheostomy tube occurs in 1.5% of tracheostomised patients and is associated with a high mortality due to complications such as airway obstruction and pneumothorax [1–3]. Attempts at bedside recannulation of a displaced tracheostomy are less likely to be successful if the tract has been extant for less than 72 h [4, 5] with multiple unsuccessful repositioning attempts potentially leading to haemorrhage and airway obstruction [1]. The accepted and safest management in such cases is to reintubate the patient's airway via the oral tracheal route and then reinsert the tracheostomy with upper airway fibre-optic guidance [6]. To the best of our



Figure 1 An inflated Airpal hover mattress.