

## REFERENCES

1. Poon RT, Fan ST, Wong J. Liver resection using a saline-linked radiofrequency dissecting sealer for transection of the liver. *J Am Coll Surg* 2005;200:308–313.
2. Poon RT, Fan ST, Lo CM, et al. Improving perioperative outcome expands the role of hepatectomy in management of benign and malignant hepatobiliary diseases: analysis of 1222 consecutive patients from a prospective database. *Ann Surg* 2004;240:698–708.
3. Liu CL, Fan ST, Lo CM, et al. Safety of donor right hepatectomy without abdominal drainage: A prospective evaluation in 100 consecutive liver donors. *Liver Transpl* 2005;11:314–319.
4. Poon RT. Recent advances in techniques of liver resection. *Surg Technol Int* 2005;13:71–78.

## Injury and Pregnancy Loss

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I would like to point out a small correction to the comprehensive and timely study and review of the problem of trauma during pregnancy by Ikossi and colleagues.<sup>1</sup> They stated in their article that their review was “the largest report to date on trauma in pregnancy.” The 1,195 patients appear to be the largest report on pregnant “trauma registry” patients, but our population-based study on pregnancy-associated hospitalizations published in 2002 identified 5,498 pregnant women hospitalized for injury (745 were for assaults).<sup>2</sup> The more detail available in the trauma registry data allowed Ikossi and colleagues to credibly explore questions pertaining to risk factors for fetal loss among maternal trauma patients, confirm previous work, and derive important new insights. The more representative, but much less detailed hospital discharge data used in our study enabled population-based estimates of the burden of injury among pregnant women without the known selection bias of the more severely injured patients found in trauma registries. There are many areas where improved data collection is necessary to improve surveillance, treatment and prevention of injury during pregnancy. I strongly concur with their call for improvements in the National Trauma Data Bank. To garner a more accurate picture of injury and violence during pregnancy, it is also recommended that health agencies routinely link birth and fetal death certificates with sources of maternal injury and violence data such as police reports, crash reports, emergency department and hospital discharge

data, and trauma registries. Hospital based trauma prevention coordinators can play an important role in advocating for such action at the state level with their public health colleagues.

## REFERENCES

1. Ikossi DG, Lazar AA, Morabito D, et al. Profile of mothers at risk: an analysis of injury and pregnancy loss in 1,195 trauma patients. *J Am Coll Surg* 2005 Jan;200:49–56.
2. Weiss HB, Lawrence BA, Miller TR. Pregnancy-associated assault hospitalizations. *Obstet Gynecol* 2002 Oct;100:773–780.

## Pain Management after Hernia Repair

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The article on pain management after hernia repair<sup>1</sup> was very timely; it arrived at my desk on the fifth postoperative day after repair of my own bilateral inguinal hernias.

As a 60-year-old general surgeon, I finally succumbed to logic and had the hernias repaired by my associates, diplomatically letting each of my two partners do a side. The operation consisted of IV sedation, local infiltrative bupivacaine 15 mL per side, preservation of named nerves, and polypropylene patches. I took 400 mg of ibuprofen preoperatively and continued that dose every 4 hours for six doses, iced both incisions continuously for 24 hours, and took six oxycodones over the first 48 hours. I returned to walking a mile on day 2, the office on day 4, did two cases in the operating room on day 5 (hernias under local), and skied briefly on day 8.

I have several questions for the authors. Because my discomfort was not directly under my incisions but rather over a broad area from my lower abdominal wall to my scrotum, what is the diffusion gradient of the bupivacaine with this technique? Would all of my sore areas have been anesthetized? Because my operative bupivacaine lasted almost 8 hours, why is the infusion started before the patient leaves the operating room? What dosing would the authors use for bilateral open hernia repairs? And because my wife