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upon Dr Casaubon's recent publication, the literature would benefit from a similar study that specifically measures patient self-esteem and sexual function outcomes in patients who have undergone BCT compared with patients who have undergone NSM with innervated autologous reconstruction.

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## Avoiding Aerosol Generation During Tracheostomy in COVID-19 Patients



Indu Kapoor, MBBS, MD, AIIMS,  
Hemanshu Prabhakar, MD, PhD, AIIMS,  
Charu Mahajan, MD, DM, AIIMS  
New Delhi, India

We read with interest the article by Foster and colleagues.<sup>1</sup> The authors discussed a novel approach to reducing the transmission of novel coronavirus disease (COVID-19) during tracheostomy. In this scenario, an anesthesiologist plays a very important role in incorporating various methods that can reduce aerosolization of secretion during tracheostomy. We would like to add some maneuvers by which aerosol formation and transmission can be further reduced: intravenous glycopyrrolate before tracheostomy for suspected or confirmed COVID-19 patients facilitates drying of

secretion and decreases the risk of exposure to aerosols,<sup>2</sup> and to facilitate tracheostomy, opioids should be given after muscle relaxant in order to avoid opioid-induced cough, which may generate a large amount of aerosol containing virus.<sup>3</sup> An appropriate size tracheostomy tube should be kept handy to avoid delay in insertion of the tracheostomy tube.

The authors also mentioned that they connected the Buffalo Filter smoke evacuator tubing to 2 heat moisture exchange (HME) filters and placed them under the drape to provide further air filtration. Connecting 2 HME filters will make the breathing circuit more bulky, and therefore will increase the risk of accidental extubation. Rather, one can use a high efficiency particulate air (HEPA) filter, which would be less bulky than 2 HME filters, and it will provide bacterial and viral filtration exceeding 99.995%, which assures a very high level of protection against them. We are completely in agreement with the authors that one can also use a large transparent plastic sheet to cover the patient to decrease the risk of viral exposure to healthcare providers. We also agree with the authors that to mitigate risk during tracheostomy, meticulous planning of each procedural step, along with strict adherence to institutional guidelines, is very important.

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## Ultrasound Surveillance: A Safe and Effective Alternative for Venous Thromboembolism Prevention



Eric Swanson, MD, FACS  
Leawood, KS

Kim and colleagues<sup>1</sup> endorse risk stratification and chemoprophylaxis to reduce the risk of venous thromboembolism (VTE) after breast surgery despite finding only 1 VTE in the group with the highest Caprini scores (1.6%). This rate is not significantly different from that in the group with low and moderate Caprini scores (0%).