

## References/Piśmiennictwo

1. Griffith HR, Johnson GE. The use of curare in general anesthesia. *Anesthesiology* 1942;3:418-20.
2. Apgar V. Experience with Curare in Anesthesia. *Ann Surg.* 1946;124:161-6.
3. Booi LHDJ, Drobnik L. Variability in the effect of muscle relaxants. Factors involved in the pharmacodynamic profile of neuromuscular blocking agents. *Anestezjologia i Ratownictwo* 2009; 3:144-53,154-84.
4. Beecher HK, Todd DP, A study of the deaths associated with anesthesia and surgery. *Ann Surgery* 1954;140:2-34.
5. Abajian J Jr, Arrowood JG, Barrett RH, et al. Critique of study of the deaths associated with anesthesia and surgery. *Ann Surgery* 1955;142:138-41.
6. Berg H, Viby-Mogensen J, Roed J, Mortensen CR, Engbaek J, Skovgaard LT, et al. Residual neuromuscular block is a risk factor for postoperative pulmonary complications. A prospective randomized, and blinded study of postoperative pulmonary complications after atracurium, vecuronium, and pancuronium. *Acta Anaesthesiol Scand* 1997;41:1095-103.
7. Perdersen T, Viby-Mogensen J, Ringsted C. Anaesthetic practice and postoperative pulmonary complications *Acta Anaesthesiol Scand* 1992;36:812-8.
8. Viby-Mogensen J, Chraemmer Jørgensen B, Ørding M. Residual curarization in the recovery-room. *Anesthesiology* 1979;50:539-41.
9. Beemer GH, Rozental P. Postoperative neuromuscular function. *Anaesth Intensive Care* 1986;14:41-5.
10. Bevan DR, Smith CE, Donati F. Postoperative neuromuscular blockade: A comparison between atracurium, vecuronium and pancuronium. *Anesthesiology* 1988;69:272-6.
11. Pedersen T, Viby-Mogensen J, Bang U, Olsen NV, Jensen E, Engbæk J. Does preoperative tactile evaluation of the train-of-four response influence the frequency of postoperative residual neuromuscular blockade? *Anesthesiology* 1990;73:835-9.
12. Baillard C, Gehan G, Raoul-Marty J, Larmignat P, Samama CM, Cupa M. Residual curarization in the recovery room after vecuronium. *Br J Anaesth* 2000;84:394-5.
13. Hayes AH, Mirakhor RK, Breslin DS, Reid JE, McCourt KC. Postoperative residual block after intermediate-acting neuromuscular blocking drugs. *Anaesthesia* 2001;56:312-8.
14. Kim KS, Lew SH, Cho HY, Heong MA. Residual paralysis induced by either vecuronium or rocuronium after reversal with pyridostigmine. *Anesth Analg* 2002;95:1656-60.
15. Murphy GS, Szokol JW, Marymont JH, Greenberg SB, Avram MJ, Vender JS. Residual neuromuscular blockade and critical respiratory events in the postanesthesia care unit. *Anest Analg* 2008;107:130-7.
16. Baillard C, Clec'h C, Ctineau J, Salhi F, Cupa M, Samama CM. Postoperative residual neuromuscular block: a survey of management. *Br J Anaesth* 2005;95:622-6.
17. Grayling M, Sweeney BP. Recovery from neuromuscular blockade: a survey of practice. *Anaesthesia* 2007;62:806-9.
18. Booi LHDJ, Drobnik L. To reverse or not to reverse? The risk of residual neuromuscular blockade. *Anestezjologia i Ratownictwo* 2009;3:354-368.
19. Schlesinger EB. Recent Advances in the Use of Curare in Clinical Practice. *Bull N Y Acad Med* 1946;22:520-9.
20. Chou TC. A method of estimating curare-like activity on the isolated phrenic nerve diaphragm preparation of the rat. *Br J Pharmacol Chemother* 1947;2:1-7.
21. Ostlere G. Use of curare in "poor-risk" Patients. *Br Med J* 1947;1:448-51.
22. Hartridge H, West R. Supplies of curare. *Br Med J* 1931;2:1065.
23. Guyton AC, Reeder RC. The dynamics of curarization. *J Pharmacol Exp Ther* 1949;97:322-30.
24. Katz RL. Neuromuscular effects of d-tubocurarine, edrophonium and neostigmine in man. *Anesthesiology* 1967;28:327-36.
25. Baird JW, Johnson WR, Van Bergen FH. Pentothal-curare solution; a preliminary report and analysis of its use in 160 cases. *Anesthesiology* 1948;9:141-58.
26. Savarese JJ, Kitz RJ. Does clinical anesthesia need new neuromuscular blocking agents? *Anesthesiology* 1975;42:236-9.
27. Booi LHDJ, Crul JF. A comparison of vecuronium with the hypothetical ideal neuromuscular blocking drug. In: Agoston S. e.a. eds.: *Clinical experiences with Norcuron (Org.NC45, vecuronium bromide)*. Excerpta Medica, Current Clinical Practice Series 11, 1983, Amsterdam pp.3-8. ISBN. 90-219-9611-1.
28. Muir AW, Anderson K, Marshall RJ, Booi LH, Crul JF, Prior C, Bowman WC, Marshall IG. The effects of a 16-N-homopiperidino analogue of vecuronium on neuromuscular transmission in anaesthetized cats, pigs, dogs and monkeys, and in isolated preparations. *Acta Anaesthesiol Scand* 1991;35:85-90.
29. Muir AW, Sleight T, Marshall RJ, Pow E, Anderson KA, Booi LHDJ, Hill DR. Neuromuscular blocking and cardiovascular effects of Org 9487, a new short-acting aminosteroidal blocking agent, in anaesthetized animals and in isolated muscle preparations. *Eur J Anaesthesiol* 1998;15:467-79.
30. Boros EE, Bigham EC, Boswell GE, Mook RA Jr., Patel SS, Savarese JJ, Ray JA, Thompson JB, Hashim MA, Wisowaty JC, Feldman PL, Samano V. Bis- and mixed-tetrahydroisoquinolinium chlorofumarates: New ultra-short-acting non-depolarizing neuromuscular blockers. *J Med Chem* 1999;42:206-9.
31. Booi LHDJ, van der Broek LAGM, Caulfield W, Dommerholt-Caris BMG, Clark JK, van Egmond J, McGuire R, Muir AW, Ottenheim HCJ, Rees DC. Non-depolarizing neuromuscular blocking activity of bisquaternary amino di- and tripeptide derivatives. *J Med Chem* 2000;43:4822-33.

32. Vizi ES, Tuba Z, Mahó S, Foldes FF, Nagano O, Dóda M, Takagi S, Chaudry IA, Saubermann AJ, Nagashima H. A new short-acting non-depolarizing muscle relaxant (SZ1677) without cardiovascular side-effects. *Acta Anaesthesiol Scand* 2003;47:291-300.
33. Gyermek L, Lee C, Cho Y-M, Nguyen N. Quaternary derivatives of gratanol diesters: Potent, ultrashort acting non-depolarizing neuromuscular relaxants. *Life Sci* 2006;79:559-69.
34. Muir AW, Sleight T, Marshall RJ, Pow E, Anderson KA, Booij LH, Hill DR. Neuromuscular blocking and cardiovascular effects of Org 9487, a new short-acting aminosteroidal blocking agent, in anaesthetized animals and in isolated muscle preparations. *Eur J Anaesthesiol* 1998;15:467-79.
35. Purdy R, Bevan DR, Donati F, Lichter JL. Early reversal of rapacuronium with neostigmine. *Anesthesiology* 1999;91:51-7.
36. Jooste E, Zhang Y, Emala CW. Neuromuscular blocking agents' differential bronchoconstrictive potential in Guinea pig airways. *Anesthesiology* 2007;106:763-72.
37. Pal J. Physostigmin ein Gegengift des Curare. *Zbl Physiol* 1900;14:255-8.
38. Burke JC, Linegar CR, Freank MN, McIntyre AR. Eserine and neostigmine antagonism to d-tubocurarine. *Anesthesiology*. 1948;9:251-7.
39. Jaquenoud P, Hartung L. [An antagonist of d-tubocurarine: pyridostigmine (mestinox) or RO 1-5130.] *Anesth Anal* 1954;11:485-94.
40. Gray TC, Halton J. Technique for the use of D-tubocurarine chloride with balanced anaesthesia. *Br Med J* 1946;2:293-5.
41. Koppányi T, Vivino AE. Prevention and treatment of d-tubocurarine poisoning. *Science* 1944;100:474-5.
42. Macintosh RR. Death following injection of neostigmine. *Br Med J* 1949;1:852.
43. Clutton-Brock J. Death following injection of neostigmine. *Br Med J* 1949;1:1007.
44. Bain WA, Broadbent JL. Death following neostigmine. *Br Med J* 1949;1:1137-8.
45. Hill M. Death following injection of neostigmine. *Br Med J* 1949;2:601.
46. Waquet G. [Curare and prostigmine; two cases of death caused by cardiac syncope after prostigmine administration.] *Mars Chir* 1951;3:336-49.
47. Pooler HE. Atropine, neostigmine and sudden deaths. *Anaesthesia* 1957;12:198-202.
48. Molgo J, Lemeignan M, Lechat P. [Changes in transmitter release at frog neuromuscular junction induced by 4-aminopyridine] *C. R. Acad Sci Hebd Seances Acad Sci D* 1975;281:1637-9.
49. Vizi ES, van Dijk J, Foldes FF. The effect of 4-aminopyridine on acetylcholine release. *J Neural Transm* 1977;41:265-74.
50. Stoianov E, Mitev L, Smilov I, Dimitrov A, Gul'bov B. [Decurarizing preparations, galanthamine and 4-aminopyridine, in gynecologic operations. I. The effect on acid-base equilibrium and on the blood gases]. *Akush Ginekol (Sofia)* 1978;17:33-40.
51. Stoianov E, Smilov I, Mitev L, Dimitrov A. [Decurarizing preparations, galantamin and 4-aminopyridine in gynecological operations. II. Their impact on respiration and blood circulation]. *Akush Ginekol (Sofia)* 1978;17:126-32.
52. Booij LH, Miller RD, Crul JF. Neostigmine and 4-aminopyridine antagonism of lincomycin-pancuronium neuromuscular blockade in man. *Anesth Analg* 1978;57:316-21.
53. Miller RD, Dennissen PA, van der Pol F, Agoston S, Booij LH, Crul JF. Potentiation of neostigmine and pyridostigmine by 4-aminopyridine in the rat. *J Pharm Pharmacol* 1978;30:699-702.
54. Miller RD, Booij LH, Agoston S, Crul JF. 4-Aminopyridine potentiates neostigmine and pyridostigmine in man. *Anesthesiology* 1979;50:416-20.
55. Saev SK, Tenev KA. [Decurarization in operations on patients with cardiovascular diseases with the aid of nivaline.] *Eksp Khirurgiia* 1963;8:76-7.
56. Grove SJ, Kaur J, Muir AW, Pow E, Tarver GJ, Zhang MQ. Oxyaniliniums as acetylcholinesterase inhibitors for the reversal of neuromuscular block. *Bioorg Med Chem Lett* 2002;12:193-6.
57. Clark JK, Cowley P, Muir AW, Palin R, Pow E, Prosser AB, Taylor R, Zhang MQ. Quaternary salts of E2020 analogues as acetylcholinesterase inhibitors for the reversal of neuromuscular block. *Bioorg Med Chem Lett* 2002;12:2565-8.
58. Palin R, Clark JK, Cowley P, Muir AW, Pow E, Prosser AB, Taylor R, Zhang MQ. Novel piperidinium and pyridinium agents as water-soluble acetylcholinesterase inhibitors for the reversal of neuromuscular blockade. *Bioorg Med Chem Lett* 2002;12:2569-72.
59. Kensler CJ. The antagonism of curare by Congo red and related compounds. *J Pharmac Exp Ther* 1948;95:28-44.
60. Brücke F, Kobinger W, Kraupp O. Über den Antagonismus von Kongorot und anderen Substanzen gegenüber quartären Ammoniumbasen. *Arch Exp Pathol Pharmacol* 1955;224:123-36.
61. Henning RH, Nelemans A, Scaf AHJ, van Eekeren J, Agoston S, den Hertog A. Suramin reverses non-depolarizing neuromuscular blockade in rat diaphragm. *Eur J Pharmac* 1992;216:73-9.
62. Henning RH, Rowan EG, Braga MFM, Nelemans A, Harvey AL. The prejunctional inhibitory effect of suramin on neuromuscular transmission in vitro. *Eur J Pharmac* 1996;301:91-7.
63. Gaddum JH. Theories of drug antagonism. *Pharmacol Rev* 1957;9:211-8.
64. Linssen GH. Curariform drugs. The action of the different types and their combinations on the neuromuscular transmission. Ph.D., Thesis Radboud University (Katholieke Universiteit) Nijmegen 1961. Pp. 104-13.
65. Cameron KS, Fielding L, Mason R, Muir AW, Rees DC, Thorn S, Zhang M-Q. Anionic cyclophanes as potential reversal agents of muscle relaxants by chemical chelation. *Bioorg Med Chem Lett* 2002;12:753-5.
66. Bom A, Epemolu O, Hope F, Rutherford S, Thomson K. Selective relaxant binding agents for reversal of neuromuscular blockade. *Current Opinion in Pharmacology* 2007;7:298-302.

67. Wallimann P, Marti T, Furer A, Diederich F. Steroids in molecular recognition. *Chem Rev* 1997;97:1567-608.
68. Tarver GJ, Grove SJA, Buchanan K, et al. 2-O-substituted cyclodextrins as reversal agents for the neuromuscular blocker rocuronium bromide. *Bioorg Med Chem* 2002;10:1819-27.
69. Adam JM, Bennett DJ, Bom A, et al. Cyclodextrin-derived host molecules as reversal agents for the neuromuscular blocker rocuronium bromide: synthesis and structure–activity relationships. *J Med Chem* 2002;45:1806-16.
70. Cameron KS, Fletcher D, Fielding L. An NMR study of cyclodextrin complexes of the steroidal neuromuscular blocker drug rocuronium bromide. *Magn Reson Chem* 2002;40:251-60.
71. Cameron KS, Fletcher D, Fielding L, Clark JK, Zhang M-Q, Orbons LPM. Chemical chelation as a novel method of NMB reversal characterization of the org 25969 NMB complex. *Eur J Anesth* 2001;18(suppl 23):99.
72. de Boer HD, van Egmond J, van de Pol F, Bom A, Booij LH. Chemical encapsulation of rocuronium by synthetic cyclodextrin derivatives: reversal of neuromuscular block in anaesthetized Rhesus monkeys. *Br J Anaesth* 2006;96:201-6.
73. Miller S, Bom A. Org 25969 causes selective reversal of neuromuscular blockade induced by steroidal NMBs in the mouse hemi-diaphragm preparation *Eur J Anaesth* 2001;18(suppl 21):100-1.
74. Donaubaueer HH, Fuchs H, Langer KH, Bar A. Subchronic intravenous toxicity studies with c-cyclodextrin rats. *Regulatory Toxicology and Pharmacology* 1998;27:189-98.
75. Booij LH, van Egmond J, Driessen JJ, de Boer HD. In vivo animal studies with sugammadex. *Anaesthesia* 2009;64(Suppl 1):38-44.
76. Booij LHDJ. Cyclodextrins and the emergence of sugammadex. *Anaesthesia* 2009;64(Suppl 1):31-7.
77. Epemolu O, Bom A, Hope F, Mason R. Reversal of neuromuscular blockade and simultaneous increase in plasma rocuronium concentration after the intravenous infusion of the novel reversal agent Org 25969. *Anesthesiology* 2003;99:632-7.
78. De Boer HD, van Egmond J, van de Pol F, Bom A, Booij LHDJ. Reversal of profound rocuronium neuromuscular blockade by Sugammadex in anaesthetized Rhesus monkeys. *Anesthesiology* 2006;104:718-23.
79. Epemolu O, Mayer I, Hope F, Scullion P, Desmond P. Liquid chromatography/mass spectrometric bioanalysis of a modified-cyclodextrin (Org 25969) and Rocuronium bromide (Org 9426) in guinea pig plasma and urine: its application to determine the plasma pharmacokinetics of Org 25969. *Rapid Comm Mass Spectrom* 2002;16:1946-52.
80. Bom A, van Egmond J, Hope F, van de Pol F. Rapid reversal of rocuronium-induced neuromuscular block by Org 25969 is independent of renal perfusion. *Anesthesiology* 2003;99:A1158.
81. De Boer HD, van Egmond J, van de Pol F, Bom A, Driessen JJ, Booij LH. Time course of action of sugammadex (Org 25969) on rocuronium-induced block in the Rhesus monkey, using a simple model of equilibration of complex formation. *Br J Anaesth* 2006;97:681-6.
82. de Boer HD, Driessen JJ, van Egmond J, Booij LH. Non-steroidal neuromuscular blocking agents to re-establish paralysis after reversal of rocuronium-induced neuromuscular block with sugammadex. *Can J Anaesth* 2008;55:124-5.
83. Bom AH, Mason R, McIndewar I. Org.25969 causes rapid reversal of rocuronium-induced neuromuscular block, independent of Acid-base status. *Anesthesiology* 2002;96:A1009.
84. Zhang M-Q Drug specific cyclodextrins: The future of rapid neuromuscular block reversal? *Drugs Future* 2003;28:347-54.
85. Gijsenbergh F, Ramael S, Houwing N, van Iersel T. First human exposure of Org 25969, a novel agent to reverse the action of rocuronium bromide. *Anesthesiology* 2005;103:695-703.
86. Suy K, Morias K, Cammu G, Hans P, van Duijnhoven WG, Heeringa M, Demeyer I. Effective reversal of moderate rocuronium- or vecuronium-induced neuromuscular block with sugammadex, a selective relaxant binding agent. *Anesthesiology* 2007;106:283-8.
87. Cammu G, De Kam PJ, Demeyer I, Decoopman M, Peeters PA, Smeets JM, Foubert L. Safety and tolerability of single intravenous doses of sugammadex administered simultaneously with rocuronium or vecuronium in healthy volunteers. *Br J Anaesth* 2008;100:373-9.
88. Decoopman M, Cammu G, Suy K, Heeringa M, Demeyer I. Reversal of pancuronium-induced block by the selective relaxant binfing agent sugammadex. *Eur J Anaesthesiol* 2007;24(Suppl 39):110.
89. Puhringer FK, Rex C, Sielenkamper AW, Claudius C, Larsen PB, Prins ME, Eikermann M, Khuenl-Brady KS. Reversal of profound, high-dose rocuronium-induced neuromuscular blockade by sugammadex at two different time points: an international, multicenter, randomized, dose-finding, safety assessor-blinded, phase II trial. *Anesthesiology* 2008;109:188-97.
90. de Boer HD, Driessen JJ, Marcus MA, Kerckamp H, Heeringa M, Klimek M. Reversal of rocuronium-induced (1.2 mg/kg) profound neuromuscular block by sugammadex: a multicenter, dose-finding and safety study. *Anesthesiology* 2007;107:239-44.
91. Sparr HJ, Vermeyen KM, Beaufort AM, Rietbergen H, Proost JH, Saldien V, Velik-Salchner C, Wierda JM. Early reversal of profound rocuronium-induced neuromuscular blockade by sugammadex in a randomized multicenter study: efficacy, safety, and pharmacokinetics. *Anesthesiology* 2007;106:935-43.
92. Shields M, Giovannelli M, Mirakhur RK, Moppett I, Adams J, Hermens Y. Org 25969 (sugammadex), a selective relaxant binding agent for antagonism of prolonged rocuronium-induced neuromuscular block. *Br J Anaesth* 2006;96:36-43.
93. Plaud B, van Heumen E, Zwiers A. Sugammadex is well tolerated for the reversal of rocuronium or vecuronium induced neuromuscular blockade in a pooled analysis of adverse events in 10 placebo controlled trials. *Eur J Anesthesiol* 2008;25(Suppl 44):9AP3-3.
94. Molina AL, de Boer HD, Klimek M, Heeringa M, Klein J. Reversal of rocuronium-induced (1.2 mg kg-1) profound neuromuscular block by accidental high dose of sugammadex (40 mg kg-1). *Br J Anaesth* 2007;98:624-7.
95. Sacan O, White PF, Tufanogullari B, Klein K. Sugammadex reversal of rocuronium-induced neuromuscular blockade: a comparison with neostigmine-glycopyrrolate and edrophonium-atropine. *Anesth Analg* 2007;104:569-74.
96. Jones RK, Caldwell JE, Brull SJ, Soto RG. Reversal of profound rocuronium-induced blockade with sugammadex, a randomized

- comparison with neostigmine. *Anesthesiology* 2008;109:816-24.
97. Lemmens HJM, El-Orbany MI, Verry J, Martin G. Sugammadex reverses profound vecuronium blockade more rapidly than neostigmine. *Anesthesiology* 2007;107:A1578.
  98. Khuenl-Brady K, Rietbergen H, Prins M, Mirakhur R. Reversal of shallow vecuronium induced neuromuscular blockade is achieved more rapidly with sugammadex than with neostigmine: a pooled analysis of phase 2 & 3 clinical trials. *Eur J Anesth* 2008;25(Suppl 44):9AP5-10.
  99. Flockton EA, Mastronardi P, Hunter JM, Gomar C, Mirakhur RK, Aguilera L, Giunta FG, Meistelman C, Prins M. Reversal of rocuronium-induced neuromuscular block with sugammadex is faster than reversal of cisatracurium-induced block with neostigmine. *Br J Anaesth* 2008;100:622-30.
  100. Sorgenfrei IF, Norrild K, Larsen PB, Stensballe J, Ostergaard D, Prins ME, Viby-Mogensen J. Reversal of rocuronium-induced neuromuscular block by the selective relaxant binding agent sugammadex: a dose-finding and safety study. *Anesthesiology* 2006;104:667-74.
  101. Vanlinthout LE, Booij LH, van Egmond J, Robertson EN. Effect of isoflurane and sevoflurane on the magnitude and time course of neuromuscular block produced by vecuronium, pancuronium and atracurium. *Br J Anaesth* 1996;76:389-95.
  102. Booij LH, Crul JF, van der Pol F. The influence of halothane and enflurane on the reversibility of an Org NC45 neuromuscular blockade in cats. *Anasth Intensivther Notfallmed* 1982;17:78-80.
  103. Reid JE, Breslin DS, Mirakhur RK, Hayes AH. Neostigmine antagonism of rocuronium block during anesthesia with sevoflurane, isoflurane or propofol. *Can J Anaesth* 2001;48:351-5.
  104. Vanacker BF, Vermeyen KM, Struys MM, Rietbergen H, Vandermeersch E, Saldien V, Kalmar AF, Prins ME. Reversal of rocuronium-induced neuromuscular block with the novel drug sugammadex is equally effective under maintenance anesthesia with propofol or sevoflurane. *Anesth Analg* 2007;104:563-8.
  105. Rex C, Wagner S, Spies C, Scholz J, Rietbergen H, Heeringa M, Wulf H. Reversal of Neuromuscular Blockade by Sugammadex after Continuous Infusion of Rocuronium in Patients Randomized to Sevoflurane or Propofol Maintenance Anesthesia. *Anesthesiology* 2009 Jun 8. [Epub ahead of print]
  106. McDonagh DL, Benedict BE, Kovac AL, Drover D, Brister NW. Efficacy and safety of sugammadex for reversal of rocuronium induced blockade in elderly patients. *Anesthesiology* 2007;107:A1583.
  107. Plaud B, Meretoja O, Hofmockel R, Raft J, Stoddart PA, van Kuijk JH, Hermens Y, Mirakhur RK. Reversal of rocuronium-induced neuromuscular blockade with sugammadex in pediatric and adult surgical patients. *Anesthesiology* 2009;110:284-94.
  108. Eikermann M, Zaremba S, Malhotra A, Jordan AS, Rosow C, Chamberlin NL. Neostigmine but not sugammadex impairs upper airway dilator muscle activity and breathing. *Br J Anaesth* 2008;101:344-9.
  109. Dahl V, Pendeville PE, Hollmann MW, Heier T, Abels EA, Blobner M. Safety and efficacy of sugammadex for the reversal of rocuronium-induced neuromuscular blockade in cardiac patients undergoing noncardiac surgery. *Eur J Anaesthesiol* 2009 May 18. [Epub ahead of print]
  110. Amao R, Zornow MH, Cowan RM, Cheng DCH, Allard M. Sugammadex safely reverses rocuronium-induced blockade in patients with pulmonary disease. *Anesthesiology* 2007;107:A1582.
  111. De Kam P, Van Kuijk J, Prohn M, Thomsen T, Peeters P. Single IV sugammadex doses up to 32 mg/kg alone or in combination with rocuronium or vecuronium are not associated with QTc prolongation. *Eur J Anaesthesiol* 2008;25: 9AP5-9.
  112. Craigh RG, Hunter JM. Neuromuscular blocking drugs and their antagonists in patients with organ disease. *Anaesthesia* 2009;64 suppl 1:55-65.
  113. Staals LM, Snoeck MM, Driessen JJ, Flockton EA, Heeringa M, Hunter JM. Multicentre, parallel-group, comparative trial evaluating the efficacy and safety of sugammadex in patients with end-stage renal failure or normal renal function. *Br J Anaesth* 2008;101:492-7.
  114. Zhang MQ. Drug-specific cyclodextrins: the future of rapid neuromuscular block reversal? *Drugs Future* 2003;28:347-54.
  115. Bridion Data Sheet. Available from <http://www.medsafe.govt.nz/Profes/Datasheet/b/bridioninj.htm> (accessed June 2009)
  116. Lee C, Jahr JS, Candiotti KA, Warriner B, Zornow MH, Naguib M. Reversal of profound neuromuscular block by sugammadex administered three minutes after rocuronium: a comparison with spontaneous recovery from succinylcholine. *Anesthesiology* 2009;110:1020-5.
  117. Lee C. Goodbye Suxamethonium! *Anaesthesia*, 2009;64 Suppl 1:73-81.
  118. Lee C, Katz RL. Clinical implications of new neuromuscular concepts and agents: so long, neostigmine! So long, sux! *J Crit Care* 2009;24:43-9.
  119. Caldwell JE, Miller RD. Clinical implications of sugammadex. *Anaesthesia* 2009;64 Suppl 1:66-72.