

Submitted: 05 Sep 2026

Revised: 14 Sep 2026

Accepted: 20 Sep 2026

Published: 30 Sep 2026

Access This Article Online


 Website:
theanaesthesiologist.com

Dantrolene in the Indian Operating Theatre: An Unmet and Overdue Necessity

Ashna Joy

(ORCID ID : 0009-0006-6106-3592)

Junior Resident, Department of Anaesthesiology, BMH, Calicut.

Nidhin Chandradas

(ORCID ID : 0009-0009-3417-1434),

Associate Consultant, Department of Anaesthesiology, BMH, Calicut.

How to cite this article: Ashna Joy, Nidhin Chandradas. Dantrolene in the Indian Operating Theatre: An Unmet and Overdue Necessity. TAISAK 2026; 2(2): 123-124

Dear Editor,

Every time we open a vial of succinylcholine or turn on a volatile agent, we are, in a small way, betting that malignant hyperthermia (MH) will not happen today. It is rare, but when it does happen, it moves fast, and the only thing that reliably turns the tide is dantrolene. Give it in time and a patient who is spiralling into fever, rigidity, and cardiac chaos will very likely walk out of the hospital. Without it, that same patient has roughly a 70% chance of dying. This is why, in most Western countries, having dantrolene in the operating theatre is not treated as optional. In India, it very often still is.

The European Malignant Hyperthermia Group is quite clear on this: any place using volatile anaesthetics or succinylcholine should have 3 to 6 vials of dantrolene on hand immediately, with another 24 vials reachable within an hour[1]. The UK's Association of Anaesthetists says much the same in its 2020 guideline [2] MHAUS in the United States goes even further, insisting that dantrolene be available within 10 minutes of the decision to treat, in every location where a triggering agent is used [3] None of this is written as a suggestion. It is written as a condition for running an operating theatre at all.

Even in countries with these rules on paper, compliance is not perfect. Hofmann-Kiefer and colleagues looked closely at this and found that a fair number of institutions using succinylcholine still fell short of the recommended dantrolene stock[4]. If that is happening in health systems where the drug is easy to procure and the guidelines are enforced, it is not hard to imagine how much wider the gap is in India, where dantrolene is neither manufactured locally in any real volume nor stocked as a matter of routine.

This is not a new realisation for us either. Sharma and colleagues said as much in the Indian Journal of Anaesthesia back in 2012, calling dantrolene sodium simply "a must have," and pointing to cost and shelf-life as the reasons hospitals kept putting off stocking it [5]. Almost ten years later, in November 2021, the Governing Council of the Indian Society of Anaesthesiologists discussed the same problem and decided to approach the Ministry of Health and Family Welfare, the DGHS, the National Medical Commission, and other bodies to push for better availability [6]. As far as we know, that conversation has not yet turned into an actual rule that any hospital is bound to follow.

This gap is not just a line in a guideline somewhere; it plays out in real operating theatres. Anaesthesiologists across the country have quietly lived through, or heard of, MH episodes where the drug simply was not there, or had to be sent for from another pharmacy while a patient's temperature kept climbing. Volatile agents and succinylcholine are used every single day, not only in large hospitals but in small nursing homes doing routine surgery. Almost none of these places are excluded from the risk of an MH crisis, yet very few of them are equipped to treat one.

We think it is time to turn this from a discussion into a rule. Bodies like the National Medical Commission and NABH could simply make dantrolene stocking, along the same lines as the EMHG or MHAUS standards, a condition for any facility that uses volatile agents or succinylcholine. The regulatory and drug-supply side, CDSCO and MoHFW, could work on keeping a steady domestic supply, since cost and shelf-life have always been the excuse for not stocking it. And for smaller hospitals that genuinely cannot justify keeping a full stock on their own, a shared regional "dantrolene bank," similar to what already works for anti-snake-venom and rabies immunoglobulin in India, could bridge the gap.

At the end of the day, this is not really a supply-chain problem, it is a patient-safety problem dressed up as one. The drug exists. The guidelines exist. What we are missing is the regulatory push to make its presence a given, not a stroke of luck, wherever a trigger agent is used. We hope this letter adds a little more weight behind the ISA's efforts, and that it nudges our regulators towards a concrete, time-bound decision.

Financial support: Nil

Conflict of interest: Nil

References

1. Glahn KPE, Bendixen D, Girard T, et al. Availability of dantrolene for the management of malignant hyperthermia crises: European Malignant Hyperthermia Group guidelines. *Br J Anaesth*. 2020; 125(2):133-140.
2. Hopkins PM, Girard T, Dalay S, et al. Malignant hyperthermia 2020: Guideline from the Association of Anaesthetists. *Anaesthesia*. 2021;76(5):655-664.
3. Malignant Hyperthermia Association of the United States (MHAUS). Dantrolene availability guidelines. Sherburne, NY: MHAUS.
4. Hofmann-Kiefer KF, Baur J, Schöpe J, et al. Succinylcholine use and dantrolene availability for malignant hyperthermia treatment: database analyses and systematic review. *Anesthesiology*. 2019; 130(1):41-54.
5. Sharma A, Karnik H, Kukreja S, Jagger K. Malignant hyperthermia: Dantrolene sodium - A must have. *Indian J Anaesth*. 2012;56(2):212-213.
6. Indian Society of Anaesthesiologists. Minutes of the Governing Council Meeting, November 2021. ISA National Headquarters.