A Mouth Prop Holder for Tonsillectomy

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An apparatus has been devised to hold the Davis or McIvor mouth prop during tonsillectomy. The support can be adjusted so easily and accurately that the best possible airway attainable can be maintained by it, and when the surgeon shifts the gag from side to side or makes adjustments for adenoidectomy, the hook can be readjusted without causing the surgeon any delay or inconvenience.

The mouth prop suppprt (see illustration) consists of (1) a side rail clamp which can be readily attached to any operating table; (2) a right-angle steel rod ½ inch in diameter; (3) an easily adjustable universal joint that connects the ½ inch steel rod to (4) a ⅜ inch steel rod with a hook on one end. The open part of the hook makes for easy release in case of coughing or movement by the patient.

The accuracy of adjustment makes this apparatus a great improvement over the technique in which the mouth prop is rested on the Mayo tray. The nurse can sit comfortably at the Mayo tray at the side of the operating table during the case, a welcome relaxation from the fast pace required for the setup between cases. The anesthesiologist welcomes the free hand otherwise needed to hold the gag, to monitor the pulse, assist with injections, or perhaps hold the endotracheal tube in just the right position while assisting respirations with the other hand. Surgeons have universally acclaimed the quiet operating field in contrast to the moving target when the anesthetists formerly held the gag by hand and

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from fatigue or necessity would relax or let go of the gag entirely to adjust the anesthetic machine or make injections.

The adjustment of the mouth prop support is made by the anesthesiologist, who holds the hook in contact with the McIvor gag with the left hand and tightens the universal clamp with the right hand. Between cases the hook and joint are autoclaved with the other instruments and the L rod is lowered to the side of the operating table until placed in position at the start of the next tonsillectomy.

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**A New Plastic Intravenous Cannula**

**Dr. Med. B. Braun**

Plastic intravenous cannulae introduced percutaneously through the lumen or over the shaft of a metal hypodermic needle have been used for continuous transfusion purposes for several years. A disadvantage of many of the available cannulae is evident from the report of Taylor and Rutherford (Arch. Surg. 86: 177, 1963). They consist of two parts, a cylindrical plastic capillary portion and a metal portion provided for the connection with the infusion tubing. The fitting of the plastic portion on the metal portion, however, is not reliably fast. Not infrequently the plastic portion of the intravenous cannula slides into the vein.

In order to avoid such grave accidents, I designed a new disposable plastic cannula (Buffalo Needle) which possesses the advantages of a plastic cannula without the above mentioned hazard. This cannula, its holding plate, and the tapered hub for adapting the infusion tubing are all made from a single piece of polypropylene by injection molding. By using polypropylene which is tough and especially resistant against breakage no part of the cannula can be detached and lost into the vascular system. The tapered tip of the plastic cannula firmly surrounds the metal needle and thus can be introduced into the vein without difficulty. Special care must be taken that the holding plate of the metal needle is used while introducing the cannula. Otherwise, the plastic cannula may protrude beyond the metal needle and become curled up during the piercing process. Once this double cannula has entered the vein, a drop of blood will be seen in the protective cap of the metal needle. The metal needle is then withdrawn and the plastic cannula either adapted to the infusion tubing or closed by a stylet needle in such a manner as not to permit blood clotting inside the plastic cannula. The stylet also may be used in case the transfusion is to be interrupted.

The device is available in three sizes. In addition, fine plastic capillary tubings with a firmly welded on cone portion may be adapted. These capillaries permit introduction of the transfusion solutions more in the vicinity of the heart.