

A Disposable Ureteral Catheter for Epidural Anesthesia

GORDON M. GREENBLATT, M.D.*

The use of a polyvinyl catheter for continuous epidural or caudal anesthesia is a common practice. Limiting this catheter's value is the need for cutting and marking a predetermined length, packaging and then sterilizing it. The end of the catheter is usually sharp and the catheter's flexibility sometimes necessitates use of a stylette. These catheters are not radiopaque. Specially designed continuous spinal catheters are available, but these are expensive and have to be packaged and sterilized.

Recently a disposable, radiopaque, pre-

* Phoenix, Arizona.

marked, whistle-tipped, presterilized, French no. 4 ureteral catheter has been placed on the market (733—Bard). This catheter readily fits through a no. 16 Touhy-Huber needle, does not need a stylette, and has a blunted end with two laterally placed holes. These holes seem to help disperse the local anesthetic agent and lessen injection resistance. The catheter is woven and does not stretch or break when retrieved.

These catheters are ideal where control of anesthetic equipment is not assured. Their cost is reasonable. The disposable ureteral catheters have proven most valuable for continuous regional anesthesia.

Nebulization During Anesthesia

BERNARD E. CAPPE, M.D.*

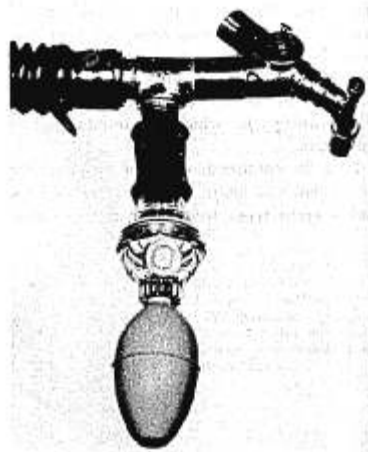
The purpose of this communication is to describe a simple apparatus useful for the nebulization of drugs during anesthesia. The advantages of this method are the easy availability of the parts and the drugs are readily and quickly nebulized when needed.

The device consists of a T bag holder, the bushing of an anesthesia corrugated tubing and a Number 42 Devilbiss nebulizer. The nebulizer fits snugly into the bushing, the other end of the bushing fits into the vertical portion of the T bag holder.

When the administration of an anesthetic is complicated by asthmatic wheezing, 2 to 3 ml. of isoproterenol (Isuprel) 1:200 solution are instilled into the nebulizer. The appropriate horizontal arm of the T bag holder is inserted into the distal inspiratory corrugated anesthesia tubing and the other end is inserted into the chimney piece or endotracheal Y piece. The hand bulb is squeezed several times to nebulize the drug, then pressure on the anesthesia bag delivers the nebulized drug to the patient along with the anesthetic mixture. This procedure is repeated for 5 to 10 inhalations.

* Long Island Jewish Hospital, New Hyde Park, New York.

In similar fashion, 70 per cent alcohol may be nebulized for the treatment of pulmonary edema, or acetyl cysteine or normal saline to loosen secretions.



Drug nebulizer.