

sary to turn the page frequently while recording data derived in the operating room. To make the final product attractive and easy to use, each category was set off in bold blocks. The form is printed in black ink on white, 28-pound ledger stock. This tough paper is

durable but not unduly expensive. A numbered acetate overlay guide and code are available for the keypunch operator when the data is to be analyzed with the computer.

The final form has been in use for nine months and serves its purpose well.

Protective Draping of Patients for Surgical Operations on the Chest

DAVID D. COHEN, M.D.,* LEONARD A. ZIVITZ, M.D.,†
MELVYN L. HENKIN, M.D.‡

Protecting the patient's head and upper airway during thoracic and upper abdominal surgery is a problem for both surgeon and anesthesiologist. For the safety of the patient, the anesthesiologist must be able to ensure an adequate airway at all times. He must have access to the endotracheal tube with enough room to be able to replace it in the midst of the procedure if necessary without disturbing the sterility of the operative field. Present protective shelves all fit into place in a vertical manner and can be removed only by lifting them vertically from the fixed position. Removal of the shelf during the procedure is cumbersome and unsatisfactory. The drapes must be removed and the sterility of the field compromised.

We have designed a protective frame (fig. 1) which has the following features: 1) The horizontal portion of the lightweight protective plastic shelf (fig. 1A) slides into its locked position parallel to the tabletop. If the need to remove this shelf arises, it can be unlocked and removed quickly. 2) The vertical supports (fig. 1B) are scored so that they can be securely fastened in the special rail extensions (C). Shelf (A) provides a stable and safe leaning area or instrument tray for the surgeon. 3) An "ether" screen or drape support (fig. 1D), attached to the same vertical support, is

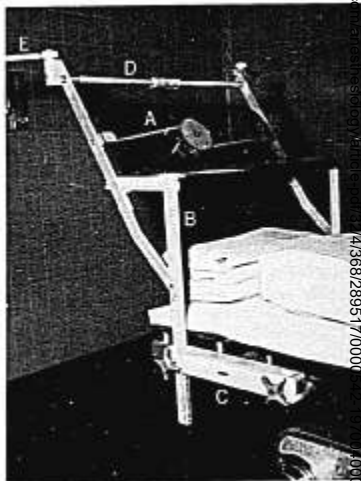


FIG. 1. Protective operating-table screen.
See text for details of A-E.

provided to fasten the drapes above the protective shelf. The anesthesiologist has adequate access to the patient's airway without imperiling the sterility of the surgical field simply by removing the shelf. 4) The drape support has arms (fig. 1E) which extend on either side of the operating table. Their cephalad angulation ensures adequate room for the assistant surgeons.‡

* Assistant Professor, Division of Anesthesia, University of California at Los Angeles School of Medicine, Los Angeles, California 90024.

† LaHabra, California.

‡ Clinical Assistant Professor to the Department of Anesthesia and Visiting Associate Professor in Mechanical Engineering, Stanford University, Palo Alto, California.

§ Manufactured by D & E Enterprises, Box 24602, Los Angeles, California 90024.