Pin-indexing Failures

To the Editor:—It is interesting how things are forgotten by anesthetists and manufacturers. Example 2 of the pin-indexing failures described by Steward and Sloan was reported by Rawstron and McNeill in 1962, and their solution to this problem was described some months later. One would have hoped that all manufacturers would have copied it!

B. R. Hutchinson, M.B., F.F.A.R.A.C.S.
Senior Anaesthetist
Auckland Hospital
Auckland 3
New Zealand

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Myron B. Laver, M.D., Editor

REFERENCES


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Circulation

PREGNANEDIONE ALTHESIN IN POOR-RISK PATIENTS—The cardiovascular effects of induction doses of Althesin (a mixture of two pregnanedione derivatives in cremaphor) were compared with those of thiopental in 20 poor-risk patients generally requiring procedures for repair of femoral neck fractures. One patient needed repair of an inguinal hernia and one, revision of a gastroenterostomy. Both male and female patients were studied; ages ranged from 48 to 82 years. Preoperative hemoglobin, arterial gases, blood urea, and serum electrolytes were obtained in all patients. Systolic blood pressure, pulse rate, and central venous pressure were recorded for baseline values, and doses of the drugs were given 2, 4, and 6 minutes after induction. Thiopental was administered in a dose of 3–4 mg/kg/min and Althesin in a range of 30–90 ml/kg iv.

Previous investigations in normal healthy patients indicated that Althesin may produce hypotension despite maintenance of cardiac output. These authors compared the mean values of patients in both groups and concluded that there was a significant fall in blood pressure in those patients given thiopental without change in pulse rate. On the other hand, the 11 per cent fall in systolic blood pressure noted with Althesin was not excessive and did not achieve statistical significance.” Their statistical analysis of the mean values before and after induction also suggested that the 10 per cent rise in pulse rate associated with Althesin was not significant. Thus, the authors conclude that Althesin would be a suitable induction agent for poor-risk patients, with the possible exception of those patients whose heart rates would be difficult to increase effectively.

(Miller, D. C., Bradford, E. M. W., and Campbell, D.: Hemodynamic Effects of Althesin in Poor-risk Patients. Postgrad. Med. J. June suppl: 133–137, 1972.) Abstractor’s Comment: Enthusiasm for the use of Althesin in poor-risk patients based on the discussion of results by these authors should be tempered. Utilizing each patient as his own control, there was definitely a highly significant fall in blood pressure (P < 0.005) and a significant increase in pulse due to improper statistical analysis of data. However, with the doses used in this study, the fall in blood pressure associated with the use of Althesin is less marked than that which follows the administration of thiopental. One additional caveat. Evaluation of hemodynamic performance in “poor-risk” patients is incomplete if confined to the intraoperative period. That a patient survives the operation is no longer an adequate end point. Too many anesthetists appear to forget that a substantial price may be paid postoperatively for alterations we introduce at the time of operation.