

double-orifice catheter can achieve the relationships described in positions 1 and 2 of our study. Thus, such a catheter can eject drug from one or both orifices, depending upon catheter position relative to the dura, injection rate, and pressure. The purpose of catheter aspiration and the test dose of drug is to detect the possibility of subarachnoid placement. That this is not foolproof is illustrated by the case report and confirmed by the experiment. The second negative catheter aspiration was probably due to the kink in the catheter and indicates that epidural catheters should also be inspected prior to each injection.

The potential for variation in sites of drug deposition based on the design of the catheter and on the rate of injection is a definite hazard, and we advocate the use of single-orifice catheters. Should double-orifice catheters be used, the injection rates of the test dose and subsequent doses must be equal to prevent possible recurrence of this problem.

REFERENCE

1. Bonica JJ: Principles and Practice of Obstetric Analgesia and Anesthesia. Philadelphia, F. A. Davis, 1967, p 579

Anesthesiology
48:364, 1978

Blachly Bite Blok® for Edentulous Patients

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The Blachly Bite-Blok was developed for protection of teeth and tongue during electroconvulsive therapy. We have also found the mouthpiece useful in edentulous patients. It enables us to fill the cheeks and permit better approximation of the anesthesia mask. Mandibular and maxillary bone resorption in edentulous patients results in indentation of the lips and cheeks, making it difficult to maintain a mask fit. Dilution of inhaled anesthetic mixtures with room air during spontaneous breathing and contamination of the surrounding area with anesthetic vapors occurs with ill-fitting masks.

Any of the commonly used medium and large oral airways can be inserted into the Bite-Blok and then placed inside the lips. Anesthesia head straps improve the mask fit when using the mouthpiece.

The usual precautions of removing the mask at intervals and massaging the compressed tissues of the face should also be done when using the mouthpiece in anesthetized patients.

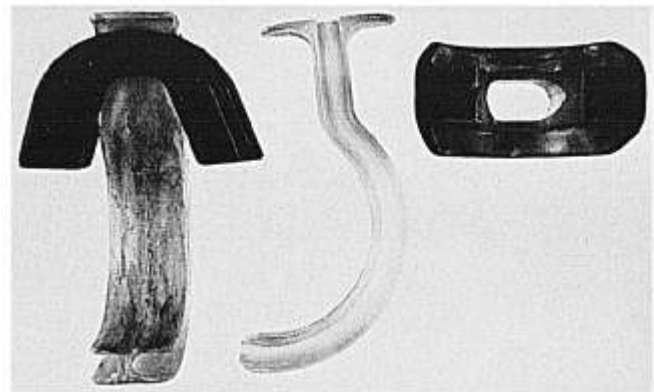


FIG. 1. Blachly Bite-Blok®.

The Bite-Blok, which comes in only one size, can also be used when resuscitating edentulous patients prior to intubation or when intubation cannot be accomplished.

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Accepted for publication October 31, 1977.

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Note: Dr. Paul Blachly, Professor of Psychiatry, University of Oregon School of Medicine, inventor of the mouthpiece, was drowned in a boating accident in July 1977. The Blachly Bite-Blok can be obtained from: Kirkman Laboratories, Inc., 934 N.E. 25th, Portland, Oregon 97208.