

that portal blood flow and total hepatic blood flow are decreased during sodium nitroprusside-induced hypotension. The observed concomitant increase in HABF provides adequate oxygenation, but is not adequate to restore the total hepatic blood flow to base-line levels.⁴

The second point of the letter of Ward *et al.*¹ is related to the influence of halothane on HABF. The authors state that HABF has been found to be decreased in man.^{6,7} In these studies, HABF was not actually measured; the impression of diminished HABF was obtained from angiographic pictures of four patients only—three children and one adult.^{6,7} However, other data showed that HABF autoregulation was preserved and HABF was increased during halothane anesthesia.^{8,9} Thus, we can speculate that total hepatic blood flow was decreased (leading to an increase in the half-life plasma renin activity) in the patients described by Khambatta *et al.*,⁵ but any conclusion related to changes in HABF during sodium nitroprusside infusion and halothane anesthesia cannot be justified at present.

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Thoracoscopy for Retrieval of Intrathoracic Foreign Bodies

To the Editor:—Double-lumen endobronchial tubes can be used for selective bronchspirometry and pulmonary toilet, to prevent spread of blood or infective material, to improve life-threatening ventilation-perfusion inequality, or to provide a selectively collapsed lung in order to facilitate operation. We have found intubation of the trachea with a double-lumen tube useful to aid in recovery of intrathoracic foreign bodies.

REPORT OF A CASE

A patient had a three-day history of pleuritic chest pain. Radiogram of the chest revealed a right pleural effusion; thoracentesis was performed using fluoroscopy with commercially available catheter-inside-needle equipment. A small amount of serosanguinous fluid was obtained. During removal of the thoracentesis catheter, a 6-inch segment was sheared off in the right pleural space. The thoracic surgery service was consulted. In the operating

room following induction of anesthesia, the trachea was intubated with a 37-mm, disposable left endobronchial tube.* Correct placement was verified by auscultation. A 3-cm incision was made in the midaxillary line of the seventh right intercostal space and the pleura was entered with a trochar. The right lung was then selectively collapsed by ventilating only the left lung through the endobronchial lumen and opening the tracheal lumen to air. A Storz thoracoscope was inserted into the pleural space. The catheter fragment was immediately visualized using a 30° lens and removed with pleural biopsy forceps. Analysis of arterial blood showed that blood-gas values were satisfactory while the right lung was deflated. Total operative time was 20 min, with the right lung deflated for 15 min. The patient tolerated the procedure well, and the trachea was extubated in the operating room. There was no post-operative complication.

At our institution, thoracoscopy instead of thoracotomy is the procedure of choice for diagnosis of

* Broncho-Cath, National Catheter Company, Argyle, New York 12809.

pleural disease when less invasive diagnostic techniques have failed. Thoracoscopy with selective lung deflation has not been associated with any morbidity or mortality in our patients.¹ Recovery of intrapleural foreign bodies has in the past necessitated thoracotomy. The use of a double-lumen endobronchial tube with selective collapse of the lung allowed for easy recovery of the foreign body via thoracoscopy in this case. Endobronchial intubation is not without potential hazards.² Use of the newer flexible, disposable tubes, however, makes introduction and positioning easier, and there are fewer complications than with the rigid, bulky, red rubber type.³ For these reasons we believe that recovery of intrathoracic foreign bodies by thoracoscopy should be considered before thoracotomy.

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A Simple Method for Sealing Used Blood Bags

To the Editor:—Anesthesiologists have always been said to be good golfers! Now we have brought the golfing equipment to them in the operating room!!

The Blood Bank's requirement by the Blood Bank Accreditation Agency, The American Association of Blood Banks, is that "a donor sample must be sealed or stoppered and kept for at least seven days following transfusion and, if possible, the blood container should be returned to the Blood Bank and stored for twenty-four hours or more."

All blood bags used here in the operating rooms during a single day's surgical procedures were being saved in a large single plastic container and sent to the Blood Bank for its personnel to recoup a segment for storage. Because of the gross spillage of the blood remaining in the used bags, there was a possible risk of contacting hepatitis, and there was no chance of other investigations on the blood. The technicians were therefore reluctant to dig into the plastic container, thus preventing them from obtaining a sample segment from the used blood bags.

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It was found that golf tees inserted into the open ports of the used blood bags prevented spilling and thus made it possible for the Blood Bank personnel to comply inexpensively with the requirements of the American Association of Blood Banks while minimizing the danger of contacting hepatitis.

We have stocked every anesthesia cart with golf tees, and have had good cooperation from the anesthesiologists.

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