

tapered hub basically as a dilator of the skin and subcutaneous tissue, to the end of the hub if desired. The wire then can be placed in the usual manner, followed by the central venous catheter that now can be placed over the wire without the skin cut, thus avoiding injury to the vein with the blade but still having good tissue dissection for facilitation of catheter placement.

Our use of the Medicut® catheter technique for EJV cannulation has been highly successful with all our anesthesia personnel, including staff as well as residents and nurse anesthetist trainees.

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Continuous Pharyngeal Suction during Surgery

To the Editor:—During a 5-year period, from 1977 to 1982, 450 patients had an upper gastrointestinal anastomosis performed in the Soroka Medical Center, the majority of which being gastric bypass operations for morbid obesity.

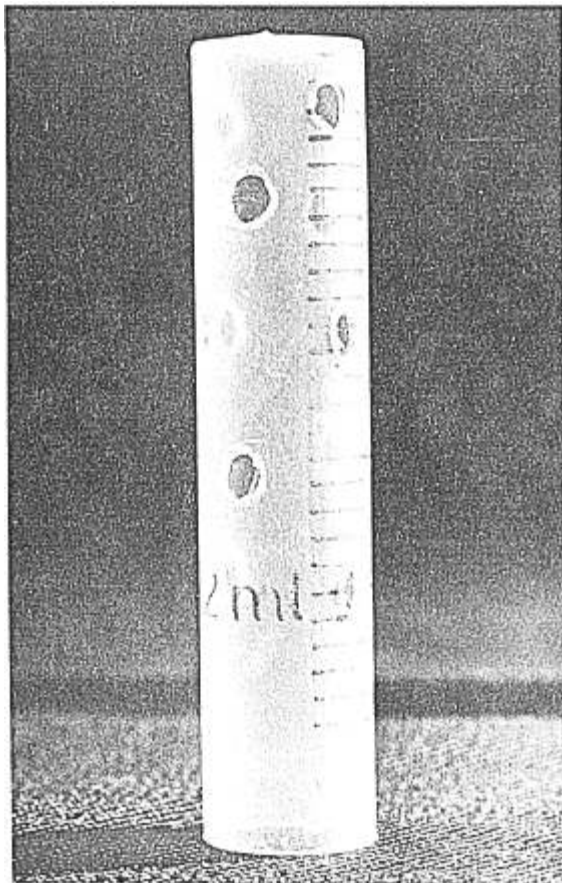


FIG. 1. The modified syringe adjusted as a suctioning device.

The use of methylene blue to test the integrity of the completed anastomosis is a routine measure that has justified itself more than once by revealing leaks of minor magnitude. An untoward side effect is that the filling of the anastomosis with the dye is often followed by an overflow of the dye into the mouth, causing considerable staining of the patient's face and hair, as well as anesthetic equipment and sheets.

In order to avoid this side effect, a continuous suction device has been used. A 2-ml disposable plastic syringe is used. The internal part of the syringe is removed and the tip to which the needle is attached normally is cut off. Then 8–12 holes are drilled circularly around the body of the syringe (fig. 1). This device is connected to the tube leading to the suction machine. It is introduced into the oropharynx and held there during the entire operation.

The immediate result of the use of this device was that there were no events of overflow of dye into the mouth, and the patients no more suffered the embarrassment of the resulting discoloration of their faces and hair. The anesthesiologists no longer complain about the inevitable staining of their equipment and hands. The members of the nursing staff also have changed their negative attitude toward this test.

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