

Anesthesiology  
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## Head and Chin Cushioned Face-rest for Surgery in the Prone Position

*To the Editor:*—When patients are placed face down for surgical procedures, optimal positioning of the head and neck may be difficult to achieve. Rotating the head to one side may be poorly tolerated by some patients. A new cushioned face-rest device with disposable, inert foam plastic cushions mounted on adjustable forehead and chin rest platforms has been developed.<sup>1</sup> The device is placed on the face, adjusted as to facial size and anticipated chin-forehead angulation, and held in place during transfer from the litter to the operating table by a standard, perforated rubber mask strap. The strap is removed after the patient is rotated onto the table, and the head remains free during the surgical procedure. The elevation of the chin relative to the forehead (and table surface) is readjusted to achieve a neutral position for the neck. The unit may be placed almost anywhere along the surface of the operating table, covered or bare. The chest must be elevated above the plane of the table by about 25 cm, which permits the neck to fall slightly forward and, thus, assume a normal, slightly lordotic position. The device was designed to be used with a prone-sitting (kneeling) frame primarily for posterior spinal surgery.<sup>2</sup> It has been used in over 100 cases to date and has proven to be an improvement over a simple face pillow or cushion used with the head turned to the side.

Figure 1 shows the patient lying on the shoulder cushions and the new face-rest unit. Note the separate chin and forehead cushions. The distance between these is adjustable, as is the angle of the chin rest. Note also that the anesthetic tubing, etc., passes out through the space between support rods. The face is almost fully accessible.

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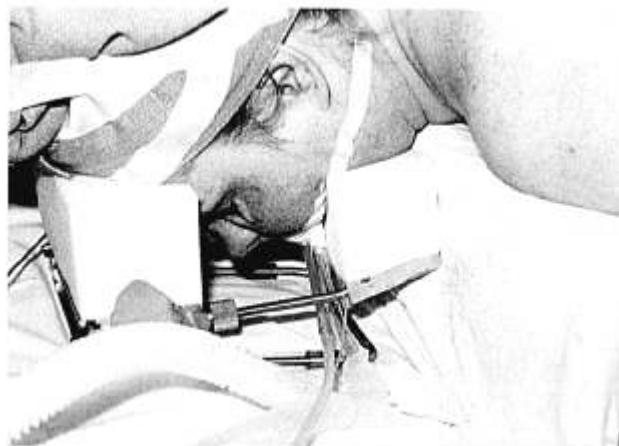


FIG. 1. Head and chin cushioned face-rest unit.

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### REFERENCES

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2. Ray CD: Positioning the patient for lumbar decompressions or fusions, *Lumbar Spine Surgery: Techniques and Controversies*. Edited by White AH, Rothman R, Ray CD. St. Louis, CV Mosby Co (in press), 1986

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## ECG Monitoring with an Advanced, Truly Portable Electrocardioscope

*To the Editor:*—Common practice when administering regional anesthesia is the prior placement of an intravenous catheter and various forms of monitoring, including the electrocardioscope. Because of inconvenience, this is rarely done during the placement of epidural anesthesia for labor and delivery.

For the same reason, the admonition to test-dose epidural catheters with epinephrine (15  $\mu$ g or 3 ml of a 1:200,000 solution) to detect intravenous injection has been difficult to incorporate into clinical practice. Yet, the

“epinephrine response” with inadvertent intravenous catheter placement may be difficult for the patient to detect and describe. Physiological changes may be of such limited magnitude and duration that continuous ECG monitoring is required, as suggested by Moore and Batra.<sup>1</sup>

We have found a solution to these requirements in utilizing a truly portable ECG, the Microcor® monitor.\* It

\* Microcor®, 434 Lawndale Drive, Salt Lake City, UT 84115.