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2. Epstein RA, Epstein RM: The electromyogram and the mechanical response of indirectly stimulated muscle in anesthetized man following curarization. ANESTHESIOLOGY 38:212–225, 1973

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Delivering Bronchodilators into the Anesthesia Circuit

To the Editor—Having been a firm believer in intraoperative bronchodilator aerosols, I was intrigued by the beautiful simplicity of the method used by Duckett and Zebrowski1 until I tried to use it with salbutamol (Ventolin®: Allen and Hanbury). The required movement of the aerosol jet and the needle hub length in this case render it impossible to trigger the spray.

I would like, therefore, to share our method of using aerosols during anesthesia, which is somewhat less disposable but does allow our aerosols to function (fig. 1).

The hand-held mouthpiece supplied by the manufacturer is opened up, and the cylindrical stem that accepts the aerosol can spout is removed. This is inserted into a one-quarter inch hole drilled in a 15-mm connector* and secured with epoxy glue top and bottom with the side orifice directed toward the patient. The 15-mm connector is then epoxied to a 22-mm connector† and, when required, the apparatus, as illustrated, is interposed between the right-angle connector and the anesthetic tubing.

As in the original description, the aerosol can is squeezed during inspiration and, despite having to negotiate a right angle, sufficient spray is delivered to the patient for pharmacologic effect.

Although this is not disposable, the described apparatus will last for years and withstand autoclaving—without the aerosol can in place!

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REFERENCE


* Bird Catalog Number 22490140.
† Bird Catalog Number 22490150.