

CORRESPONDENCE

Anesthesiology
64:654, 1986

To enhance the timeliness of publication of Letters to the Editor, the Editorial Board approves the changes whereby pre-publication proofs of Letters accepted for publication will no longer be available. Additional guidelines regarding Letters to the Editor can be found in the Guide for Authors.

Bilateral Uterine Displacement Device

To the Editor:—To prevent aortocaval compression during cesarean section, several inflatable devices have been described. Redick proposed the use of a 3-l urologic irrigation solution bag connected to a sphygmomanometer bulb.¹ Wagner and Craner suggested a similar device that allows oxygen from the anesthesia machine to inflate the bag *via* the regular iv-administration set.² The fact that left uterine displacement (LUD) and occasionally right uterine displacement (RUD)* is physiologically preferred to the supine position was considered by us in creating the bilateral uterine displacement device.

Our apparatus consists of two 3-l bags, stiff tubing (such as the type used for urologic or arthroscopic fluids), and a connector from an endotracheal tube #7 (fig. 1). The use of two bags, one under each hip, allows for quick LUD or RUD conveniently toward the side on which the operator stands. The connector allows immediate oxygen inflation of the selected bag directly from the anesthesia machine; therefore, the need of the sphygmomanometer bulb suggested in the past is completely eliminated.

In addition, the use of stiff tubing protects it from accidental occlusion or kinking by the patient lying on it.

We also believe that our application could be used intraoperatively, not only in obstetrics but also in the case of morbid obesity or large abdominal or pelvic tumors, to counteract similar pathophysiologic changes induced by the supine position.

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* Ostheimer GW: Obstetric anesthesia, Annual refresher Course Lectures. American Society of Anesthesiologists, Annual Meeting, 1983, p 401.

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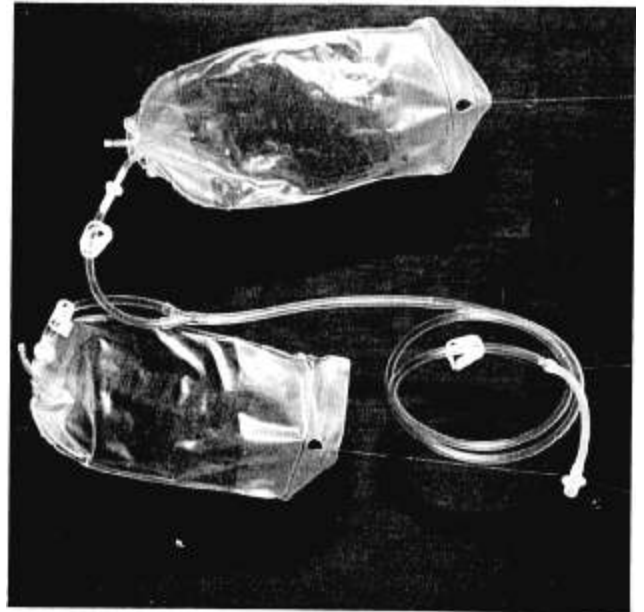


FIG. 1. Bilateral uterine displacement device.

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REFERENCES

1. Redick LF: An inflatable wedge for prevention of aortocaval compression during pregnancy. *Am J Obstet Gynecol* 133:458, 1979
2. Wangler MA, Craner DF: Another method to provide left uterine displacement. *ANESTHESIOLOGY* 62:700, 1985

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Alarms: Help or Hindrance?

To the Editor:—The increase of intraoperative monitoring devices has been accompanied by an increase in

the number of audible alarms in the operating room environment. Most audible alarms are loud, produce continuous noxious signals that cannot be adjusted or silenced, and are mostly designed for use in the intensive care unit, where signals audible some distance from the patient might be useful. The potential hazards associated

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