

REFERENCES

1. Finkelstein F, Kreeft J: Massive lidocaine poisoning. *New Eng J Med* 301:50, 1979
2. Nobel J, Kennedy DJ, Latimer RD, Hardy I, Bethune DW, Collis JM, Wallwork J: Massive lignocaine overdose during cardiopulmonary bypass. *Br J Anaes* 56:1439-1441, 1984
3. Antonelli D, Ben-Ami M, Weiss Z: Sinus standstill following accidental lidocaine overdose. *Am Heart J* 107:1042-1044, 1984
4. Bryant CA, Hoffmann JR, Nichter LS: Pitfalls and perils of IV lidocaine. *West J Med* 139:528-530, 1983

5. Pearl WR: Massive lidocaine overdose. *Am Heart J* 103:1083, 1982
6. Badui E, Garcia-Rubi D, Estanol B: Inadvertent massive lidocaine overdose causing temporary complete heart block in myocardial infarction. *Am Heart J* 102:801-803, 1981
7. Burlington B, Freed C: Massive overdose and death from prophylactic lidocaine. *JAMA* 243:1036-1037, 1980
8. Brown DL, Skiendzielewski JJ: Lidocaine toxicity. *Ann Emerg Med* 9:627-629, 1980

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Pulse Oximetry during Shoulder Arthroscopy

To the Editor:—Arthroscopy has become increasingly popular as a means of diagnosing joint disease including arthroscopy of the shoulder. A 25-yr-old male medical student was to undergo left shoulder arthroscopy for recurrent dislocation under general anesthesia. He was positioned as in figure 1. A satisfactory check for capillary filling and pulse was made and skin cleansing was started. After 10 min, the fingers were blue and pulseless. The

weights were removed, and a pulse oximeter was attached to the index finger. After return of adequate perfusion, weights were reapplied and manipulated until the pulse remained steady.

An 18-yr-old male was scheduled for right shoulder arthroscopy. The trachea was intubated, and the patient was positioned as in figure 1; a pulse oximeter was applied to one of the fingers and was used as a guide to adjust rope tension. Early warning of the need to reposition the arm intraoperatively was given by loss of the pulse form. Repositioning was accomplished quickly, and sterility was not compromised.

We believe pulse oximetry monitoring during shoulder arthroscopy provides a simple, inexpensive, and convenient early-warning system of excessive traction and brachial artery compression.

ZVI J. HERSCHMAN, M.D.
Resident

ELIZABETH A. M. FROST, M.D.
Professor

PAUL L. GOLDINER, M.D.
Professor and Chairman

*Department of Anesthesiology
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, New York 10461*

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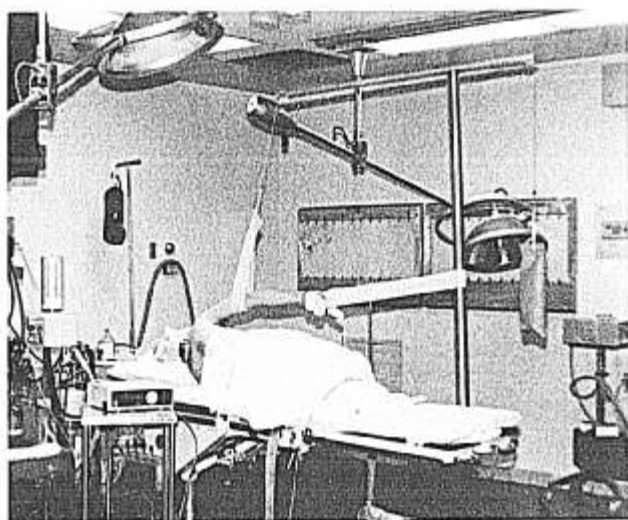


FIG. 1. One frequently used set-up for shoulder arthroscopy with pulse oximeter attached.

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A Simpler Design for Mass Spectrometer Monitoring of the Awake Patient

To the Editor:—We share with Drs. Norman and Ibarra and their colleagues^{1,2} their interest in monitoring of the awake patient with a mass spectrometer.

Our technique for this purpose is as satisfactory, but simpler. We use an ordinary plastic iv catheter (gauge 14, 1¼ in), inserting the iv catheter through one of the side