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A Modification of Traditional Sterile Technique for Regional Anesthesia

To the Editor:—The traditional use of paper drapes to create a sterile field for regional anesthesia can cause numerous problems for the anesthesiologist. This includes obscuring important landmarks when patient position or cooperation is less than ideal. Also, the possibility of sterile field contamination exists secondary to movement of the drape once the field has been established.

The modification I suggest involves the use of a Tagaderm® (20 cm × 30 cm, 3M, St. Paul, MN) instead of the standard paper drape. The Tagaderm® is applied to the prepped skin, allowing the lower sterile drape to be incorporated into the Tagaderm® (fig. 1). This creates a sterile field which allows a better view of all landmarks, and insures that sterility will not be broken during the procedure. If betadine was used to cleanse the skin, any excess is removed using sterile wipes to insure that no betadine will enter the subarachnoid space secondary to the placement of the spinal needle.

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FIG. 1. Adhesive dressing in place.

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Pulse Oximetry during Shoulder Arthroscopy

To the Editor:—We agree with Drs. Herschman, Frost, and Goldiner¹ that pulse oximetry may be a useful means of monitoring brachial artery compression during shoulder arthroscopy, but we would like to add a note of caution. Excessive traction on the arm during shoulder arthroscopy can result not only in arterial compression, but also in traction neuropraxia.² Moreover, with traction assemblies incorporating a sling on the upper arm,³ there is a risk of peripheral nerve compression. Satisfactory oximeter pulse forms, while indicating adequate arm perfusion, do not exclude the presence of dangerous traction on the brachial plexus, nor of compression of peripheral nerves. Indeed, in three awake volunteers, we found that increasing arm trac-

tion produced paresthesias well before there were changes in oximeter pulse forms (unpublished observations). While pulse oximetry may provide early warning of arterial compression, it should not be used as the only indicator of safe or unsafe levels of arm traction during shoulder arthroscopy.

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