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### Introducer Sheath Malfunction Producing Insidious Air Embolism

*To the Editor:*—In their article, Cohen *et al.*<sup>1</sup> state that the Arrow AK-09803 sheath introducer will “obviate the potential for error.” Unequivocally, neither this product nor any other introducer which contains only a duck-bill or self-sealing valve will prevent air embolism as stated. The danger lies in the fact that some physicians will use these products thinking that air embolism cannot occur. When any sheath introducer is used without a catheter, the introducer port must be closed to prevent air embolus.

Most manufacturers suggest using a separate obturator. The Walrus Introducer may be closed by turning a screw cap clockwise. We agree with Cohen *et al.*'s suggestion and have made this screw cap non-removable on the new Walrus “Hi-Flo” Introducer.

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*In Reply:*—I am pleased that our report has led to the redesign of the introducer sheath in question, thus contributing to increased patient safety.

MICHAEL B. COHEN, M.D.  
*Assistant Professor of Anesthesiology*

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### Should Epidural Fentanyl be Given for Labor and Delivery in a Patient with Severe Pulmonary Hypertension?

*To the Editor:*—Recently, Robinson and Leicht<sup>1</sup> described the use of low-dose epidural bupivacaine and fentanyl in a patient with severe pulmonary hypertension. We wish to comment on this article and to question whether the addition of fentanyl provides the patient with better analgesia than that which could have been provided with the same concentration and infusion rate of bupivacaine given without fentanyl.

Neither our clinical practice or the data published by Glover<sup>2</sup> supports the practice of adding fentanyl to 0.125% bupivacaine when using a continuous local anesthetic infusion at an infusion rate of 10 ml/h. A con-

A. WALTER MACEachern  
*President*

MICHAEL A. RUSSELL  
*Vice President*

*Medical Parameters, Inc.  
The Walrus Division  
20 Cabot Road  
Woburn, Massachusetts 01801*

#### REFERENCE

1. Cohen MB, Mark JB, Morris RW, Frank E: Introducer Sheath Malfunction Producing Insidious Air Embolism. *ANESTHESIOLOGY* 67:573–575, 1987

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*Department of Anaesthesia  
Brigham and Women's Hospital  
Harvard Medical School  
Boston, Massachusetts 02115*

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tinuous 0.125% bupivacaine infusion with 1/400,000 epinephrine should provide adequate analgesia for most patients without the addition of fentanyl.

Even though the incidence of respiratory depression is low with highly lipophilic epidural opiates, the chance, nevertheless, still exists. This report might be more significant if the patient had not had adequate pain relief with bupivacaine alone, and then subsequently experienced significant relief with the addition of epidural fentanyl or if the infusion rate could have been significantly decreased. The use of fentanyl in this particular case did not appear to provide the patient