

Anesthesiology
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A Less than Rude Awakening . . .

To the Editor:—A 29-yr-old woman with idiopathic scoliosis was scheduled for posterior spinal instrumentation with an intraoperative wakeup test. The patient spoke only Vietnamese. Because of the anticipated difficulty in securing an interpreter during the surgical procedure, we resorted to the following alternative. During the preoperative interview, the patient's sister was available as an interpreter. After an explanation and rehearsal of the intraoperative wakeup, her sister repeated in Vietnamese the phrase "move your feet" approximately 20 times into a portable tape recorder.

On the operative day, the tape was played through headphones during the scheduled wakeup period with excellent patient response. The patient was promptly reanesthetized and the procedure was completed uneventfully. At the postoperative visit, the patient's only reported recollection of the surgery was the familiar voice of her sister asking her to move her feet.

Interpreters will remain a common method for managing this circumstance; however, the use of recorded commands obviates the problems inherent in the uncertainty of interpreter availability. It further serves to limit operating room traffic with its attendant risk of infection. It has the additional advantage of presenting the patient with a familiar and reassuring voice, perhaps

that of a close relative, during an event that is otherwise potentially frightening.

Our approach did, however, contain a weakness that we will address on subsequent occasions: had the patient not moved her feet in response to the recorded commands, it would have been necessary to elicit a motor response from above the site of the potential lesion. Commands such as "open your eyes" or "wiggle your fingers" should be included in the repertoire of recorded material available for intraoperative use. Recorded messages may assist in providing a more effective and pleasant intraoperative wakeup for non-English-speaking patients.

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Use of a Cervical Collar during Monitored Anesthesia Care

To the Editor:—Monitored anesthesia care during ophthalmologic procedures can sometimes be disconcerting. When heavy sedation is required in the aged population, airway obstruction can result.

At Meridia Huron Hospital, we have been using a soft cervical collar on these patients for over 2 yr. We have found this collar to be quite comfortable for the patient and well-liked by the ophthalmologists. The collar helps maintain a patent airway and also eliminates snoring in a number of cases. The ophthalmologists have also re-

ported that their patients move less during the procedure.

We highly recommend this simple procedure to all anesthesiologists performing monitored anesthesia care for patients undergoing ophthalmologic procedures.

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Etiology of Pain and Altered Consciousness following Epidural Injection of Morphine

To the Editor:—The Clinical Report by Du Pen *et al.*¹ of a patient having pain and altered consciousness upon

epidural injection of preservation-containing morphine raises three points which require comment.