

Anesthesiology
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Topical Nitroglycerin Facilitates Intravenous Regional Techniques in Patients with Reflex Sympathetic Dystrophy

To the Editor:—Gargulio described the use of epidural sympathetic blockade to facilitate venous access in a patient with reflex sympathetic dystrophy.¹ We have used the local application of nitropaste ointment for the same purpose.

A patient with lower extremity reflex sympathetic dystrophy diagnosed by prolonged pain relief from sympathetic blockade was scheduled for intravenous regional bretylium blockade. However, we could not cannulate a foot vein until we followed Gargulio's suggestion to facilitate intravenous cannulation. We used repeated epidural blocks in order to perform regional bretylium blocks on this patient. On one occasion, we could not achieve an epidural block and we applied nitroglycerin ointment directly to the skin over the vein to be cannulated. After several seconds, the excess paste was wiped off. The vessel promptly dilated, became visible, and was successfully cannulated with a 22-gauge catheter.

Hecker *et al.*² first described nitroglycerin ointment as an aid to venipuncture in adult patients. Apart from tingling of the skin, no side effects were noted. Vaksman *et al.*³ noted that nitroglycerin ointment was an aid to venous cannulation in children less than 1 yr of age, but not advantageous in children 1–10 yr of age. The age limitation was not explained.

In summary, topically applied nitroglycerin may be an effective, simple, low-risk method to produce dilatation of veins in patients with reflex sympathetic dystrophy.

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A Gastroesophageal Sump Catheter with Thermistor and Stethoscope

To the Editor:—In current anesthesia practice, body temperature and breath and heart sounds of the anesthetized patient are monitored. This is often accomplished with an esophageal stethoscope that is currently available with or without a thermistor. We have designed a triple-lumen catheter (fig. 1) that, in addition to monitoring breath and heart sounds and temperature, has the advantage of permitting the evacuation of gastric fluid and gas. The catheter may be left in place postoperatively and, if not needed, the thermistor wire and stethoscope portion of the unit can be snipped off.

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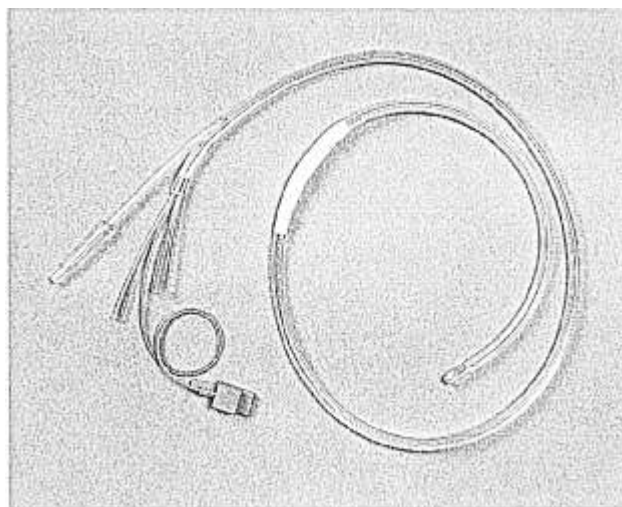


FIG. 1. Triple-lumen catheter for gastric aspiration and monitoring of temperature and breath and heart sounds.