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A Pain in the Neck—and Shoulder

To the Editor:—The phrenic nerve has been injured and anesthetized accidentally on several occasions during central venous cannulation. Permanent injury to the phrenic nerve during internal jugular vein cannulation was reported first in 1980.¹ In 1982, we reported a case of transient diaphragmatic paralysis² similar to that reported by Schiessler *et al.*,³ except that our patient experienced respiratory distress and required therapy with continuous positive airway pressure. This patient was our fourth personally observed case of diaphragmatic weakness following internal jugular vein cannulation. Subsequently, we have treated another such case. It is possible that other patients have had similar results but were asymptomatic, thus preventing detection. Perhaps the complication is much more frequent than previously suspected. Both in our report and during other nonreported occasions, most patients have complained of shoulder pain prior to the injection of local anesthetic. Therefore, when patients complain of pain during the cannulation of the internal jugular vein, they should be asked to locate the pain. If the pain is identified in the shoulder, it is likely that the phrenic nerve is being stimulated or injured by the tip of the needle, which should be redirected. Further, no local anesthetic should be injected until the needle is repositioned and the patient is free of shoulder pain.

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Cardiac Arrest in a Day Surgery Patient

To the Editor:—In a recent Case Report,¹ Dr. Hanson suggested that a presumed cardiac arrest during induction of general anesthesia in the Day Surgery Unit (DSU) at the University of Pennsylvania might have been avoided by a more thorough preoperative evaluation.

First, from the description provided in the Case Report, it is not clear that the patient even experienced a cardiac arrest. Both the automated blood pressure cuff and the pulse oximeter are unreliable in the presence of acute hypotension and bradycardia. Second, to suggest