

subtle indicators of neuropraxia such as those found with nerve conduction studies and/or evoked potentials.

JOSEPH MIRENDA, M.D.
*Staff, Department of Anesthesiology
Roanoke Memorial Hospital
Roanoke, Virginia 24033*

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Perioperative Corneal Abrasions

To the Editor:—Corneal abrasion following general anesthesia is usually due to a preventable incident, *e.g.*, an item of apparel (wristwatch strap or hospital identification card) coming into contact with the patient's eye during laryngoscopy.^{1,2}

We now suggest another cause of corneal abrasion that we believe has been responsible for three cases in the last 3 yr. All three patients were right-handed and had a disposable pulse oximeter probe affixed to their right index finger, and shortly after emerging from anesthesia all were seen to rub their right eye with their right hand. Within a few hours, all three patients complained of severe pain in the right eye. Corneal abrasion was suspected and an ophthalmology consult was sought in every case. The diagnosis was confirmed by fluorescein staining, and treatment consisted of eye ointment and taping the eye closed until resolution of the injury. All three patients made an unremarkable recovery.

Pulse oximetry has been established as a vital monitoring tool. Based on these three cases, however, we believe that the ring finger may be

a more appropriate site for the pulse oximeter so as to avoid this complication.

JOHN G. BROCK-UTNE, M.D., PH.D., F.F.A.(S.A.)
GREGORY BOTZ, M.D.
RICHARD A. JAFFE, M.D., PH.D.
*Department of Anesthesia
Stanford University Medical Center
Stanford, California 94305*

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