EVIPAN SODIUM IN DENTAL SURGERY.

By John Bunyan, L.D.S.

The writer has used this anaesthetic for various dental operations constantly for over four years. The following points are stressed on its use:

1. It is inadvisable to use evipan in the surgery owing to the uncertain time needed for recovery.

2. There is rarely need for any pre-anæsthetic, but one tablet of evipan given the night before and also one hour before helps with the very nervous patient. Three bromide tabloids gr. 15, are also of use.

3. The arm should be immobilised in a simple straight splint. This precludes the possibility of the arm moving and causing the needle to jump out or through the vein. Such details as the size of the needle and the type of syringe are of importance.

4. A mouth prop must be inserted before the injection is started, as the masseter is rarely relaxed.

5. The eyes should be covered as light acts as a stimulus and shortens the period of anaesthesia.

6. Owing to the cough reflex being returned during evipan anaesthesia, it is not possible completely to pack off the throat, but a taped sponge held by the site of the operation and one at the back of the tongue are quite effective in preventing the swallowing of blood.

7. After the operation the patient is immediately put back to bed on his side with the knees up, and allowed to sleep on without any disturbance.

8. In over 2,000 cases there have been no cases needing a cardiac stimulant and in only one case has CO₂ been used.
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The bulk of the writer's work is performed in the country, where the services of the skilled anaesthetist are not available. The only alternative to evipan is chloroform and ether, with all their attendant risks and disadvantages. Evipan brings the advantages of a first-class anaesthetic within the reach of the general and dental practitioner without the expense and inconvenience of complicated apparatus. The advantages claimed in using evipan are:

1. Its use obviates psychic trauma to the patient.
2. The induction is pleasant and rapid.
3. During the operation the patient is quiet. The surgeon is not hampered by the anaesthetist, and owing to the length of anaesthesia obtained, is able to take his time.
4. The degree of haemostasis is better than with any other anaesthetic.
5. Post-operative sickness is rare.
6. In the writer's experience there has been no case of pulmonary complications.
7. Recovery is complete within four hours.

In order to make continuous injection of evipan a more certain procedure, the author has designed and used the following apparatus, known as the evipanometer. The principle is simple, in that pressure from the electrolysis of water in a small chamber is applied to the piston and can be varied immediately at will.

The apparatus may be mounted on the arm or on a table alongside the patient. It has given anaesthesia up to 2½ hours using 22 c.c. of evipan solution.

In the past there have been many arguments against the use of evipan. Firstly, that it was not controllable. Whilst it is true that once the solution is in the vein it cannot be taken away again, we have found no cause to necessitate its removal. After all, once chloroform or ether has caused respiratory, or particularly, cardiac embarrassment, the amount breathed in by the patient cannot be eliminated.
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It has been suggested that evipan is responsible for cases of agranulocytosis; as far as we can tell none of the 2,000 cases has shown any signs of anaemia.

To sum up, in the author's opinion, evipan sodium is the ideal dental anaesthetic, owing to its simplicity, pleasantness and safety.