A SIMPLE INTRAVENOUS DRIP ADAPTOR

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An intravenous drip is frequently used during major abdominal surgery. The anaesthetist, for the sake of convenience, may place the drip into the patient’s arm; this used to be fixed to an arm board at right angles to the body. The position gave easy access to the needle and allowed for the injection of drugs to be made into is frequently inconvenient to the surgeon, or secured to the patient’s side in internal rotation, so that they are free from this risk of damage. But, in the latter position, there is the disadvantage that drugs cannot be injected into the drip tubing close to the vein.

A simple syringe and drip adaptor has been made to overcome this disadvantage. It consists of a small U-shaped metal tube with a “male” Luer fitting at one end for connection with a Guest cannula or a standard transfusion needle and a “female” Luer fitting at the other end to take the standard drip connection. To the centre of the U has been connected a 30-inch (75 cm.) length of capillary tubing (capacity 1.5 ml.) which has, at the other end, a Record adaptor with a non-return valve (fig. 1).

A cannula or needle is inserted into a convenient vein in the arm and the adaptor and transfusion set attached (fig. 2). The drip is then turned on and the non-return

Fig. 1

the drip tubing, close to the vein; but did so, at the expense of the space available for the surgical assistants and at serious risk of damage to the nerves of the arm. It is well recognized that brachial plexus lesions are more common if the arm is abducted, particularly if a Trendelenburg tip is necessary. For safety the arms must be flexed across the chest, a position which

Fig. 2
valve is temporarily removed until all the air has been expelled from the capillary tubing. The patient’s arms are secured to his side by a towel placed under his buttocks and wrapped round his forearms (fig. 3), care being taken to see that the drip continues to run smoothly. The capillary and transfusion tubings are led up to the patient’s head.

Should the anaesthetist require to give a series of intravenous injections during the course of the anaesthetic, these are made, from the head of the patient, through the capillary tubing. After each dose of drug, 2 ml. of saline are injected from a large syringe to wash it through to the vein.

Further, if the blood and an anaesthetic drip are required at the same time, the anaesthetic solution may be run in through the central capillary tubing, the non-return valve having been replaced by a simple adaptor, whilst the blood is being given into the proximal end of the U.

This adaptor has been used for some months now and has proved very satisfactory. It can be sterilized by boiling and has the great advantage of simplicity.

ACKNOWLEDGMENTS

My thanks are due to A. Charles King Ltd., for making the original adaptor, and to Miss Underhill, clinical photographer, St. George’s Hospital.