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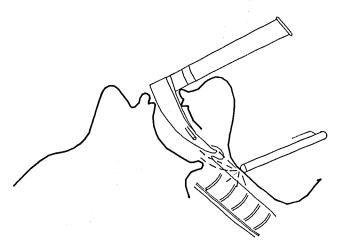


FIG. 1. An assistant holds the pencil torch on the skin over the cricothyroid membrane.

Anesthesiology 69:1028, 1988

DDAVP to Reduce Blood Loss in Jehovah's Witnesses

To the Editor:—In their remarkable case report, Lichtenstein et al. employed hypothermia, isovolemic hemodilution, general anesthesia, and paralysis to reduce oxygen consumption and sustain life during a period of extraordinarily low arterial oxygen content.¹ In addition, the case demonstrates the large amount of reserve built into the normal oxygen transport system.

DDAVP (desmopressin) has been employed to reduce bleeding after cardiopulmonary bypass.² DDAVP also reduces bleeding time in normal persons and has been used to reduce bleeding in patients undergoing Harrington Rod insertion.³ Doses of 0.3 μ g/kg given intravenously over 20 min have been used. If severe intraoperative bleeding is a possibility in a Jehovah's Witness patient, the prophylactic administration of DDAVP to reduce bleeding may be reasonable. This measure may make the occurrence of single digit hematocrits less likely in these patients.

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Anesthesiology 69:1028, 1988

Reconstitution of Dantrolene

To the Editor:—There are a variety of containers that can be used to prepare intravenous infusions of reconstituted Dantrium[®]. However, when large volumes are prepared (usually for prophylaxis, preoperatively), only evacuated plastic bags are recommended. In addition, Hargrove¹ has successfully employed a large bottle of sterile water for injection; this should not contain preservatives.

One type of container that is not recommended for the preparation of Dantrium iv[®] is a sterile, evacuated glass bottle. Some of these vessels contain a buffer (*e.g.*, acetate), which is a residue from the sterilization process. There are rare reports of precipitation of dantrolene in these bottles due to the alteration of pH of the solution by the residual buffer. through the cricothyroid membrane (fig. 1). This gives good illumination of the cords and larynx and overcomes the problem of the torch obstructing the view of the larynx at intubation.

We feel this modification is less cumbersome and would only require the assistance of untrained personnel to hold the torch.

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Reference

 Kubota Y, Toyoda Y, Kubota H: Endotracheal intubation assisted with a pencil torch. ANESTHESIOLOGY 68:167, 1988 (Accepted for publication August 24, 1988.)

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References

- Lichtenstein A, Eckhart WF, Swanson KJ, Vacanti CA, Zapal WM: Unplanned intraoperative and postoperative hemodilution: Oxygen transport and consumption during severe anemia. ANESTHESIOLOGY 69:119-122, 1988
- Salzman EW, Weinstein MJ, Weintraub RM, Ware JA, Thuser RL, Robertson L, Donovan A, Gaffner T, Bestele V, Troll J, Smith MS, Chute LE: Treatment with desmopressin acetate to reduce blood loss after cardiac surgery. N Engl J Med 314: 1402-1406, 1986
- Kobrinsky NL, Letts RM, Patel LR, Israels ED, Monson RC, Schwetz N, Cheang MS: I-desamino-8-D-arginine vasopressin (desmopressin) decreases operative blood loss in patients having Harrington Rod spinal fusion surgery. Ann Intern Med 107: 446-450, 1987

(Accepted for publication August 24, 1988.)

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Reference

 Hargrove JC: Are we really prepared for malignant hyperthermia? II. ANESTHESIOLOGY 68:815, 1988

(Accepted for publication August 26, 1988.)

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