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REPLY

We were very interested by the survey Dr. Kempen conducted on the prevalence of the use of a common syringe technique. The high percentage of practitioners who use this technique was no surprise to us. Indeed, an informal survey had showed us that this practice is also very frequent in Canada. We agree on most of the points raised by Dr. Kempen. However, we feel that there is a serious lack of data on the incidence of IV contamination by blood in the operating room setting. Further studies are needed to provide objective data on this occurrence and the factors altering it.

We agree with Dr. Kempen that guidelines on this issue should be proposed. However, research should be directed toward the identification and quantification of the risk of disease transmission involved. Such studies would allow both the CAS and the ASA to propose guidelines that would be both scientifically and ethically sound.

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A portable anaesthetic monitoring trolley for labour room placement of epidurals

In obstetrics, the placement of an epidural catheter and the institution of epidural anaesthesia for labour requires an appropriate level of patient monitoring and the ready availability of resuscitation equipment.¹ At our institution, the rooms in which the patients labour were not designed for special procedures and lack appropriate lighting, monitoring equipment and storage space which are necessary to safely begin an epidural anaesthetic. Until recently, we have moved labouring patients across to one of our operating/delivery rooms for the placement of the epidural catheter and the initial local anaesthetic injection. Whereas this arrangement provides the best environment for the anaesthetist to monitor and manage the patient, the transfer of a patient is disruptive during her labour and an inefficient use of nursing staff.

To enable us to place epidural catheters safely and begin epidural anaesthesia in the labour rooms, we have developed a portable epidural anaesthetic trolley which combines maternal monitoring equipment, a light source, epidural placement supplies and resuscitation drugs and equipment together on a mobile trolley.

The trolley is a standard four-drawer anaesthetic cart measuring 20 inches wide, 18 inches deep, and 34 inches high (Figure). We have mounted a pulse oximeter (Nellcor® N100, Nellcor Incorporated, Hayward, California) and an automatic blood pressure cuff (Critikon® Dinamap 1846P, Critikon Corporation, Tampa, Florida) to the table and equipped it with a medically approved multiple electrical outlet power bar. An articulated incandescent/fluorescent light source is also permanently mounted to the table top.

The trolley is stocked with epidural trays, local anaesthetic solutions and supplies for beginning intravenous infusions. Masks, caps and sterile gloves are stocked for the sterile procedure. Resuscitation/intubation drugs and equipment are stored in the drawers and are prepared three times a week, ready for immediate use.

All labour rooms have independent oxygen and suction sources as well as oral airways, a resuscitation bag and mask. These are maintained at an appropriate level of readiness. Beds in these rooms are all capable of leg-elevation and Trendelenburg positioning and have removable headboards.

When patients request epidural anaesthesia, the trolley is moved to the patient's bedside and monitors are attached. Epidural anaesthesia can then be performed safely with the same degree of patient monitoring and