REPLY:

We agree that the classical 3-in-1 femoral block performed with a standard nerve stimulation technique cannot guarantee that the obturator nerve is blocked. However, the primary purpose of our study was to test the effects of a 3-in-1 femoral nerve block, using high volumes of anaesthetic solution (40 ml) on intra and post-operative analgesia during total hip replacement surgery. The obturator nerve is mainly a motor nerve and second, the hip is also innervated by some branches arising from the sacral plexus and from the sciatic nerve. Therefore, even with all three branches blocked, 3-in-1 femoral nerve block cannot provide complete analgesia for hip surgery, and we feel that the incidence of any block of sensory fibres of the obturator nerve cannot markedly influence our results.

We agree that the majority of peripheral nerve blocks are made with an awake patient. However, using a nerve stimulation technique with a non traumatic needle and under strict stimulation criteria (motor response with stimulation between 0.3 and 0.4 mA, complete disappearance of muscular movement after injection of 1 ml of anaesthetic solution) as in our study, the peripheral nerve blockade can be performed safely in anaesthetized patients. This has been demonstrated in large series of children² and adults,³ where 4,090 blocks and 2,000 blocks respectively were performed without complication. In our study, the blocks were accomplished after induction of anaesthesia to allow double blind investigation.

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REFERENCES

- 1 Fournier R, Van Gessel E, Gaggero G, Boccovi S, Forster A, Gamulin Z. Postoperative analgesia with "3-in-1" femoral nerve block after prosthetic hip surgery. *Can J Anaesth* 1998; 45: 34-8.
- 2 Giaufre E, Dalens B, Gombert A. Epidemiology and morbidity of regional anesthesia in children: a one-year prospective survey of the French-Language Society of Pediatric Anaesthesiologists. *Anesth Analg* 1996; 83: 904-12.
- 3 Choquet O, Feugeas JL. Neurostimulation sous anesthésie générale et traumatisme nerveux périphérique. *Ann Fr Anesth Réanim* 1997; 16: 923-8.

Medical equipment reuse: some principles

To the Editor:

The recent case report¹ of airway obstruction due to a portion of a reused intubating stylette lodging in an endotracheal tube provides an important cautionary tale for proponents of reusing disposable medical devices. In many institutions such reuse is forbidden, even though an established means of reprocessing these items may exist elsewhere. Where reuse is permitted, however, it is necessary for the institution to adopt a set of principles to ensure that any reuse is carried out safely. In this spirit, may I offer some principles for discussion among individuals reusing medical supplies intended for single-use? (A more detailed and complete version of these principles has been posted at <http://canmed.net/cjareuse/>)

- The need for patient consent for the reuse of such devices must be determined by institutional review.
- When an institution chooses to reuse such devices, written procedures based on clinical trials should be enforced.
- An individual responsible for the day-to-day operation of the reuse programme ("reuse manager") must be designated.
- Criteria for determining the number of times each device may be used must be developed.
- A formal inspection process must be in place to detect used items that are not suitable for re-issuing.
- A quality assurance programme must be in place to monitor the reuse programme.

I invite individuals wishing to contribute to this discussion to post their comments at my newly established Medical Device Reuse Discussion Forum on the Internet at <http://canmed.net/reuse/>.

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REFERENCE

- 1 Choi PT-L, Rhydderch G. An unusual cause of elevated airway pressures (Letter). *Can J Anaesth* 1998; 48: 381.

Correlation and agreement are not always the same thing

To the Editor:

We read with interest the comparative description of cardiac output measurements during liver transplantation using the oesophageal Doppler monitor (ODM)