

natriuresis, but causes vasodilatation as well.<sup>8</sup> Thus, administration of ANF might be beneficial to CPB patients. The arteriolar dilator property of synthetic ANF has been demonstrated recently during CPB.<sup>9</sup> In a preliminary report of CPB patients, the diuretic and natriuretic effects of ANF were shown to be dependent on the prevailing arterial pressure at the time of drug administration.<sup>10</sup> Anyhow, as Kharasch *et al.*<sup>1</sup> state, the relationship between ANF and renal function during CPB requires further study. This is warranted with both endogenous and exogenous ANF.

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## REPLY

*Dr. Hynynen has succinctly summarized our results and perspectives on future research.<sup>1</sup> In addition to demonstrating a decrease in circulating atrial natriuretic factor (ANF) levels during cardiopulmonary bypass (CPB), we raised the question of whether ANF retains biological activity during CPB. This was based on a report that heparin interferes with the biological activity of ANF.<sup>2</sup> Dr. Hynynen and coworkers have now shown that ANF does retain vasodilator and diuretic/natriuretic activity during CPB with heparin anticoagulation.<sup>3,4</sup> Of course the critical question, on which we all agree, is the physiological role of endogenous ANF in regulating renal function during CPB. Attribution of CPB-induced changes in renal function to changes in ANF concentration awaits the development of a specific ANF antagonist.*

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## Use of an Ohmeda ear oximetry probe for "buccal" oximetry

To the Editor:

The use of pulse oximetry during anaesthesia is now considered a standard of care. However, the reliability of pulse oximetry probes when applied to patients' fingers and toes may be compromised, especially in patients who become hypothermic, have a decreased cardiac output, have increased systemic vascular resistance or are shivering. To improve the reliability of oxygen saturation