

tion of the aorta was repaired. The patient did well and was discharged on the eighth postoperative day.

This case serves to remind us that there are no minor operations. The scalpel blade is potentially a dangerous instrument even in the hands of an experienced and adept surgeon. For the safety of patients during any surgical procedure, no matter how minor it may appear, it is imperative that all members of the operating room team – surgeons, anaesthetists and nurses – are vigilant to detect the unexpected and are prepared to deal with it both promptly and with expertise.

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## *Hyperventilation does not affect the incidence of paresthesiae and blood vessel cannulation during epidural catheter insertion*

To the Editor:

Insertion of the epidural catheter during establishment of continuous epidural anaesthesia in obstet-

TABLE Results

	Hyperventilation		No hyperventilation	
	No. of patients	%	No. of patients	%
	207		188	
Needle				
Blood	14	7	12	6
Paresthesiae	2	1	1	0.5
Catheter				
Blood	16	8	21	11
Paresthesiae	73	35	50	26

P = NS (Chi Square)

rics may cause paresthesiae. Blood vessel cannulation may also result, due in part to the presence of dilated epidural veins during pregnancy and labour.

One of us (A.R.) suggested that hyperventilation might reduce the incidence of paresthesiae and blood vessel cannulation. His practice has been to ask the patient to take five to six large breaths approximating vital capacity, immediately before insertion of the epidural catheter (Portex) through a #16 Tuohy needle. Voluntary hyperventilation should lower the PaCO<sub>2</sub> and possibly decrease the size of the epidural veins and thus reduce extent of trauma induced by the catheter.

In order to assess this practice we prospectively observed 395 patients who had epidural catheters inserted. The patients were selected at random and some were asked to hyperventilate as described above. All the epidurals were performed by staff anaesthetists.

Our results are shown in the Table. There was no difference in the occurrence of paresthesiae or cannulation of an epidural vein (Chi square). It is also of interest to note how frequently these events occur in everyday practice.

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