

extubating the trachea and inquiring as to his/her opinion as to our success. Even if the block were verified at T5 to L2 at the beginning of the case, does that mean that it remains so for the next five hours? I think not. You give an estimated dose of epidural solution based on the patient's physical status and usually this is correct. If not, you give a bolus and hope that it works.

Epidurals cannot be guaranteed; blocks may be patchy and may not spread to cover the expected dermatomes. That doesn't reduce their value, but they are not a panacea. We still use them routinely in aortic surgery.

We would not dream of writing the definitive paper, only a useful one.

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Prevention of occlusion of sampling tubes in side-steam capnographs

Condensation of water vapor, coalescence of aerosols from water humidifiers and therapeutic aerosols, along with patient secretions, result in an accumulation of water and secretions in the breathing hoses. These contaminants can be aspirated into the CO₂ sampling tubes resulting in occlusion. Methods currently available to minimize these occlusions include, positioning the sampling tube upwards away from the patient to decrease the frequency with which liquids are drawn into the tubes, increasing the sampling flow or reversing the flow (purge) to clear the secretions from the tube, and interposition of liquid traps or moisture-absorbent filters between the sampling tube and the analyzer to prevent water and secretions entering the unit. Despite these methods, water/secretions are aspirated into the sampling tubes and accumulate at dependent portions tubes or clog the filters.

Interposing an additional 25 mm diameter, 0.5 micron filter (King systems corporation, IN) between the breathing circuit and the sampling tube (proximal filter) in such a way that the filter is horizontal with the sampling tube upwards helps to overcome this problem. The additional filter helps to prevent the aspiration of condensed water/secretions into the sampling tube. Furthermore, positioning the filter horizontally allows the condensed water to gravitate

downwards into the breathing circuit rather than to occlude the filter. Interposing an additional filter does not effect CO₂ measurements/waveforms in clinical settings. Furthermore, replacing the proximal filter is less expensive than replacing the entire tubing and the distal filter.

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