

FIGURE Thin streak and “mushrooming effect” following migration of propofol into the subsequent drug syringe.

and summarized that saline does not possess any bacteriostatic property. Since water for injection and 0.9% saline are routine diluents for anesthetics, contamination by entrapped propofol is quite possible.

In conclusion, we endorse the recommendation to use a dedicated *iv* cannula for administration of propofol not only to avoid its incompatibility with other anesthetic drugs,⁵ but also to prevent its own contamination and that of the drugs in subsequent syringes.

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Opening an ampoule? Start from a scratch

To the Editor:

Injuries to anesthesiologists^{1–3} during opening of drug ampoules still take place despite measures by the manufacturers to provide better snap off ampoules.

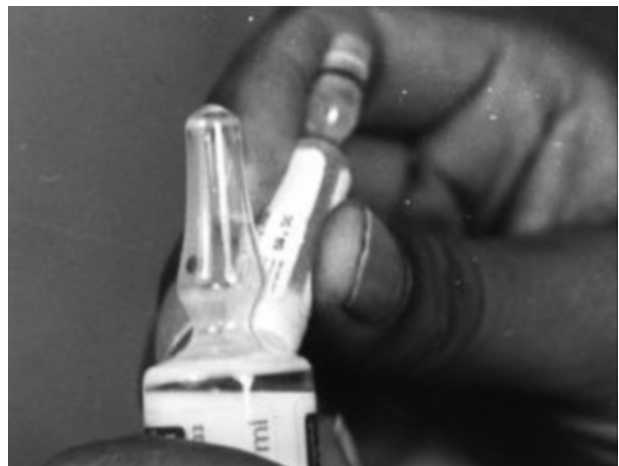
At our centre, we have been using a simple technique to break open the ampoules even when snap off ampoules were unheard of. As shown in the Figure, this technique consists of using the bottom edge of one ampoule to rub against the neck of the other ampoule – intended to be broken – till a grating sensation and sound is both felt and heard respectively and a small scratch mark appears at the rubbed site. Pressure over the top of the ampoule against the scratch mark neatly severs the top.

We continue to use a similar method even in propofol ampoules by rubbing the neck of the ampoule on the side opposite to the blue dot. By applying gentle pressure – as is instructed by the manufacturers – the ampoule can be easily snapped off, without a spicule, thereby decreasing the chance of injury.

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FIGURE