



FIGURE Relationship between the respiratory-dependent variations of pulse amplitude (PA) and inferior vena cava (IVC) diameter. Rescue ephedrine was administered in patients with a higher variation (indicated by an asterisk; $n = 4$).

$\pm 4.3\%$ for PA and $9.4\% \pm 5.5\%$ for the IVC diameter, $n = 4$) compared to patients with a lesser variation ($11.5\% \pm 3.0\%$ for PA and $6.3\% \pm 3.3\%$ for the IVC diameter, $n = 16$). The results of our preliminary study suggest that the respiratory-dependent variation of PA measured by a pulse oximeter may be a reliable and early predictor of hypovolemia.³

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Anesthesiology: the misunderstood occupation!

To the Editor:

Previous studies done across the globe reveal that patients have numerous misconceptions regarding the anesthesiologist's role.^{1–4} The purpose of this study was to assess Canadian patients' knowledge of the role of anesthesiologists, anesthesia and their concerns regarding general anesthesia.

After approval from the Institutional Research Ethics Board, patients waiting for preadmission anesthesia consultation were asked to participate in a survey at a tertiary hospital. Eight-nine patients were asked to participate, 86 agreed. Thirty-nine percent had obtained postsecondary education, 69% had \geq two anesthetics and 69% were \geq age 55. Eighty percent recognized anesthesiologists as physicians (Table) compared to 65% in Britain¹ and 67% in Spain.² However, despite the increased recognition of anesthesiologists as physicians, the majority (38%) described the primary role of anesthesiologists as assistants to surgeons, 36% as physicians and 22% as technical experts. In Japan, more than half of participating patients believed that the only responsibilities anesthesiologists had were to put patients to sleep and provide pain relief.³

Approximately one third stated that the anesthesiologist was the main person in charge of resuscitating a patient in the operating room while one third chose cardiologists. Only 11% knew anesthesiologists made decisions for blood transfusions. Only 4% indicated a preference for their attending anesthesiologist. More than half recognized *iv* injection as the technique used to induce unconsciousness and many incorrectly perceived *iv* injection as the primary technique to maintain unconsciousness. Twenty to 30% were concerned about awakening in the middle of the procedure, prolonged awakening time, negative reactions to drugs and overdoses.

When asked who or what would be responsible in the event that a patient did not wake up after the surgery, one third associated this complication with the anesthesiologist despite the lack of understanding of his/her role. Drugs and surgeons were also thought to be responsible.

More patients who obtained postsecondary education correctly identified the anesthesiologist's role and responsibilities (Table A, available as Additional Material at www.cja-jca.org). More patients < age 55 had concerns regarding awakening in the middle of the procedure (41% vs 20%, $P = 0.04$) and negative reactions to

TABLE Results from survey performed on 86 patients. Numbers listed indicate percentages

Questions:	Options	Overall (%)
Is the anesthesiologist a physician?	Yes	80.2
	No	19.8
What is the primary role of the anesthesiologist?	Assistant to the surgeon	38.4
	Physician	36.0
	Technical expert	22.1
	Non-physician health care professional	3.5
Who is the main person in charge of resuscitating a patient in the operation room?	Cardiologist	31.4
	Surgeon	30.2
	Anesthesiologist	27.9
	Nurse	10.5
Who is the main person deciding for a blood transfusion in the operation room?	Hematologist	44.2
	Surgeon	43.0
	Anesthesiologist	10.5
	Nurse	2.3
Who is the main person maintaining vital signs in the operation room?	Anesthesiologist	45.3
	Cardiologist	25.6
	Nurse	23.3
	Surgeon	5.8
Do you have a preference for your attending anesthesiologist?	Yes	3.5
	No	96.5
What is the initial technique of putting a patient to sleep?	<i>iv</i> injection	53.5
	Gas	18.6
	Pills	2.3
	Do not know	25.6
What is the main technique to keep the patient asleep?	<i>iv</i> injection	39.5
	Gas	17.4
	Do not know	43.0
	Awakening during the surgery	26.7
Concerns associated with general anesthetics:	Prolonged awakening time	24.4
	Negative reaction to drugs	23.3
	Overdose	19.8
	Anesthesiologist	33.7
Association with inability to awaken after surgery:	Drugs	14.0
	Surgeon	9.3
	Type of surgery	7.0
	Patient	7.0

drugs (41% *vs* 15%, $P = 0.01$) compared to patients \geq age 55. Previous experience with anesthetics did not affect their knowledge about anesthesia.

In summary, the majority of patients acknowledged anesthesiologists as physicians; yet, most patients thought anesthesiologists were assistants to surgeons and did not identify them to be the principle person responsible for resuscitation or blood transfusions in the operating room. Improved communication with, and education of, patients may help correct misconceptions about anesthesiologists in the future.

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Ankle block success rate: a prospective analysis of 1,000 patients

To the Editor:

There have been few published studies investigating ankle block success.¹ We therefore conducted a prospec-