CORRESPONDENCE

Comment on “Using surgical gloves to ventilate a patient”

Aditi Jain, MD

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To the Editor,

The recent letter describing “using surgical gloves to ventilate a patient” provided an interesting read and an example of quick thinking in a distressing scenario.¹

We would also like to share another instance where surgical gloves may act as “bridging equipment” for resuscitation—e.g., a reservoir for a self-inflating bag during pediatric resuscitation. A self-inflating bag is an essential piece of resuscitation equipment and is at the top of the anesthesia work station checklist.² It can provide oxygen-enriched breaths to a patient when used with supplemental oxygen and a reservoir bag (which is generally required during pediatric resuscitation and recommended in neonatal resuscitation).³ In low resource settings where a reservoir bag may not always be immediately available, a surgical glove tied at the

reservoir outlet may serve as a temporary reservoir thus allowing the provision of oxygen-enriched breaths to the child (approaching 100% oxygen). Importantly, the glove will not interfere with the valves of the self-inflating bag, which prevent transmission of excessive pressure in the case of overfilling—i.e., it is more compliant than the self-inflating bag and will simply expand in such a condition. One may also make a small hole in one of the glove fingers to help prevent transmission of excessive pressure to the resuscitation bag itself. The authors would like to caution the reader that this is merely a temporary measure until a purposed-designed reservoir bag is made available and should be employed only when the need for reversal of hypoxia is immediate and a functional reservoir bag is not available.

A. Jain, MD (✉) ·
Department of Anesthesia and Intensive Care, Post Graduate
Institute of Medical Education and Research, Chandigarh, India
e-mail: aditi.jain.the1@gmail.com

Figure Image depicting a surgical glove tied to a self-inflating neonatal resuscitation bag to replace a missing reservoir. It can serve as a bridge when a purpose-designed reservoir bag is not available during pediatric resuscitation and urgent oxygenation is needed

Conflict of interest None declared.

Editorial responsibility This submission was handled by Dr. Hilary P. Grocott, Editor-in-Chief, *Canadian Journal of Anesthesia*.

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