New Ether Hook

Dr. Jack A. Young, of the Allentown Hospital in Allentown, Pennsylvania, notes that the usual ether hooks were often too large and, at times, pulled excessively into the mucous membrane of the cheek resulting in some trauma and/or obstruction of gas flow. Attempts by the anesthesiologist to remedy this may result in interference with the surgical field, especially during plastic surgery. Investigation yielded no appliance that answered their problem and, accordingly a new hook was designed. The result was an appliance in the general shape of a question mark (fig. 1). The straight tip insufflates a direct flow of gases to the isthmus faucium (1) without getting into the surgeon's way, (2) with minimal obstruction of gas flow by the mucous membrane, and (3) without trauma to the tissues through pressure by the metal tip (fig. 2).

The tip has four side ports and one central port permitting effective egress of gases even if there is inadvertent obstruction to one or more of the ports. The curved portion of the shaft conforms to the curve of the cheek with the straight portion leaving at an angle (fig. 3). This permits the insufflation hose to run in a relatively straight line from the hook to the edge of the operating room table and yet does not interfere with optimal placement of the ether hook.

FIG. 2. View of mouth with hook in place.

The appliance was made in two sizes to fit the patient. It was found that the anesthesia course was smoother using this hook because an even flow of gases can be maintained more easily.

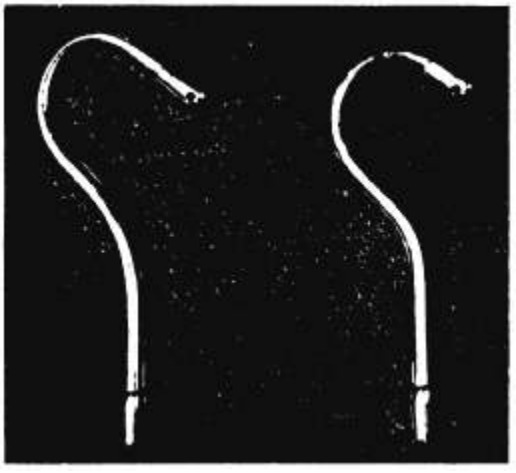

FIG. 1. Illustration of ether hook.

FIG. 3. View showing anatomic conformity of hook to the face.

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