

Ether Screen with Chin Holder

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An "Ether Screen" with a unilateral fixation (see illustration) affords certain advantages to both the anesthesiologist and the surgeon. An L shaped stainless steel rod $\frac{1}{2}$ inch in diameter measuring 20×22 inches is attached to the side of the operating table by means of a special rail clamp¹ which permits variable elevation and angulation of the rod.

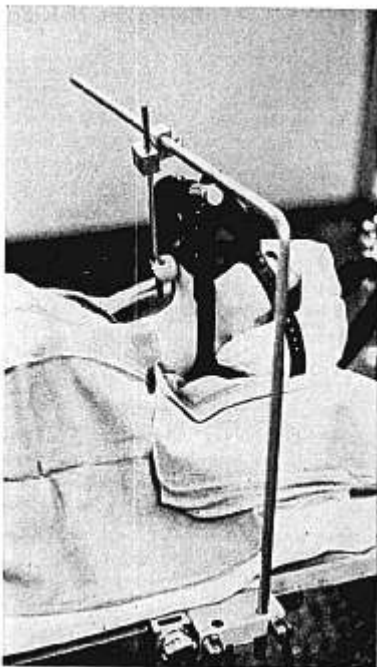
For operative procedures on the shoulder it is usually advantageous to adjust the ether screen or drape support at an angle across the head of the table. Better exposure is afforded the surgeon and at the same time it is possible to maintain full access to the patient's face, unencumbered by drapes, so that the anesthetic can be administered with a face mask and the anesthesiologist need not intubate the trachea. Greater freedom of movement is afforded the surgeon during a thoracotomy in the lateral position when the ether screen is fixed only on the side toward which the patient is facing.

The $\frac{1}{2}$ inch steel rod, in addition to functioning as a drape holder, also serves as a carrier for a mechanical chin support.² The chin support consists of a soft silicone rubber ball attached to a $\frac{1}{4}$ inch stainless steel rod. The rod is secured to the "Ether Screen" by a universal joint which affords ease and accuracy of adjustment.

After anesthesia has been established and a pharyngeal airway inserted, the desired head-jaw position as described by Morikawa³ is obtained manually. With the universal joint loosened, the rubber ball is placed in the sublingual region under the symphysis of the mandible. Just enough pressure is exerted on the ball to tilt the head back, hold the jaw in the jutting-out position, and maintain the best possible airway. Then the universal joint is tightened and the ball is locked in position.

I have found that if it is possible to secure a good, clear airway manually with a face mask on the patient, this device will maintain

it. Relieved of the tension, strain, and fatigue of supporting the chin to maintain a patent airway, I find that the incidence of endotracheal intubation has been significantly reduced. Further, the stabilized jaw helps to assure a tight-fitting face mask free of gas leak and in turn this enables one to use the Bird ventilator when necessary without prior endotracheal intubation. The mechanically supported chin gives the anesthetist a free



An ether screen made of $\frac{1}{2}$ inch stainless steel right-angle rod combines the unique advantages of unilateral fixation and serves as a carrier for a reliable, convenient, easily adjustable chin support.

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hand to monitor the pulse, adjust equipment, start transfusions, etc., without fear of compromising the airway for even a moment.

The equipment herein described has been in daily use during the past four years. Certain precautions must be observed, such as loosening the universal joint prior to changing the position of the patient on the operating table; movement of the ball or chin support will be exaggerated if the table is flexed or extended. Just as the face mask is moved from time to time to prevent pressure phenomena at points of contact with the face and nose,

so also the chin support must be moved if much pressure is applied for an extended period.

REFERENCES

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2. Thompson, R. C., and Kames, T. W.: Mechanical chin support during general anesthesia for oral surgery, *J. Oral Surg.* 20: 323, 1962.
3. Morikawa, S., Safar, P., and DeCarlo, J.: Influence of the head-jaw position upon upper airway patency, *ANESTHESIOLOGY* 22: 265, 1961.

Clamp for Holding Suction Tip and Hose

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Several years ago, I outfitted the operating rooms of one of Los Angeles' hospitals with wall clamps for conveniently holding suction tips connected with suction lines in readiness for immediate use. The kind of clamp shown in figure 1 was quite successful. It was modified from "Big Deals" correspondence clamps popular a few years ago for the desk, and themselves sort of jumbo spring clothes pins. The clamps were modified so that they could be attached to the walls of the operating rooms.

Because the equipment is not stored out of sight in a drawer, nurses and anesthesiologists do not easily omit checking on its readiness, the empty clamp standing as a mute reminder. Most often, the suction is not needed for vomitus, and the tip is kept covered by a cowl of gauze held in place by a rubber band, as a sign that it is clean. When a tracheal tube has been employed, the suction tip is left racked and the tubing separated for use with a plastic catheter put down inside and outside the tracheal tube prior to extubation or transfer of the patient to the recovery room. In that case, the clamp serves a

useful purpose merely by holding the rubber suction hose in readiness for connection to the catheter.

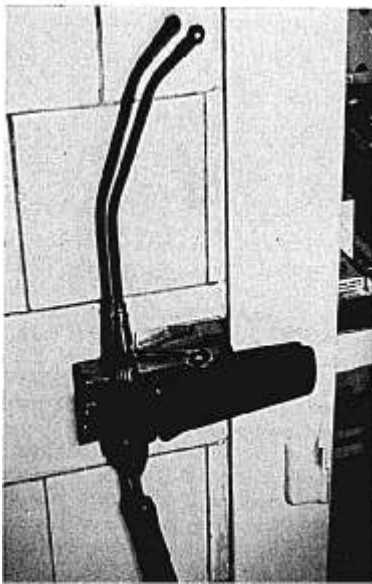


FIG. 1

* 1332 South Hope Street, Los Angeles, California.