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Noise in the Modern Operating Room

To the Editor:—About 25 years ago, I brought a small FM radio into my operating rooms with the idea that restful tunes might be helpful to patients having surgery under regional block. I soon found that many surgeons liked it too, so when minicassettes came along, I extended my repertoire to various kinds of recorded music and often played it, not only during regional anesthesia cases, but also during some longer operations.

To my distress, I now find that playing recorded music in the operating room has been taken up to excess and, I believe, threatens efficiency and accuracy. It is now common for an anesthesiologist or surgeon to "pack" an FM-radio-tape player, and he incurs the wrath of the nurses if he does not play it all day and every day. Even "heart-lung" machines have "stereo" tape players installed on them and boom out loud rock and country music hour after hour!

I believe that the noise level in operating rooms—not only that from music, but also increasingly from fans, coolers, warmers, air-conditioners, ventilators, suction and so on—has reached a level where concentration and efficient and accurate communication between the principals of the operating team are being impaired.

Does anyone share my opinion?

Would some young scholar be interested in taking a scientific look at the matter?

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Allen's Test—Neither Positive Nor Negative

To the Editor:—As noted by Peters and Chapin,¹ confusion has arisen over the clearest way to describe the results of a modified Allen's test. I agree with their belief that the time delay between release of the compressed artery and return of the palmar blush is important, but I would like to suggest a different means of reporting this information.

Dr. Allen described a test to detect occlusive lesions in either the ulnar or radial artery distal to the wrist.² As reviewed by Ryan *et al.*,³ the modified Allen's test can be used to determine whether the radial or ulnar artery is dominant and whether collateral circulation is adequate. Ideally, one can then cannulate the non-dominant vessel in an attempt to minimize the risk of hand ischemia if occlusion of the cannulated vessel should occur.³ I use the modified Allen's test^{3,4} and time the delay between release of the compressed artery and blushing of the palm, first for the radial artery and then for the ulnar artery. Reporting the results of the tests as "refill time" for each artery seems to result in minimal confusion. As noted by Ryan *et al.*, a short time span should elapse between

the radial and ulnar artery tests to avoid misinterpretation of the second test due to residual reactive hyperemia from the first.³

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