

LAURENCE LANDOW, M.D.  
Assistant Professor of Anesthesia  
Anesthesia Department  
McGill University  
Montreal, Canada H3V 1B7

## REFERENCE

1. Cousins MJ, Mather LE: Intrathecal and epidural administration of opioids. *ANESTHESIOLOGY* 61:276-310, 1984

(Accepted for publication November 8, 1984.)

Anesthesiology  
62:546, 1985

### Detection of Defective Equipment by Proper Preanesthetic Checks

*To the Editor:*—A thorough preoperative evaluation of the anesthesia machine includes not only pressurizing the breathing circuit to verify the absence of leakage, but also breathing through the circuit to confirm the competence of the directional valves and the absence of undue resistance!<sup>1</sup> We have observed that anesthesiologists/anesthetists frequently fail to breathe through the circuit prior to induction, especially for cases other than the initial case of the day. Therefore, we wish to report an unusual, potentially lethal complication that was avoided by breathing through the anesthesia circuit preoperatively. The expiratory limb of a disposable, nonconductive circuit with two 60" hoses, fixed wye piece, and elbow manufactured by Marquest and distributed by Critical Care Products was found to be totally obstructed by a plastic partition as a result of an error in manufacturing (fig 1). This defect was detected preoperatively when the anesthesiologist could not exhale into the breathing circuit, despite verification that the expiratory valve was functioning properly. No leakage was detected when the circuit was pressurized. However, the breathing circuit failed to depressurize when the expiratory limb pop-off valve was opened until the finger occluding the endotracheal tube Y-connector was removed.

The manufacturer and distributor of this defective anesthesia breathing circuit and the Emergency Care Research Institute have been notified of the defect in this circuit. Anesthesiologists and nurse anesthetists are



FIG. 1. Manufacturing defect totally obstructing expiratory limb of anesthesia circuit.

encouraged both to pressurize and to breathe through every anesthesia circuit prior to use.

S. DAVID REGISTER, M.D.  
Resident in Anesthesiology  
Department of Anesthesiology  
Wilford Hall USAF Medical Center  
Lackland AFB, Texas 72836

## REFERENCE

1. Dripps RD, Eckenhoff JE, Vandam LD: Introduction to Anesthesia—The Principles of Safe Practice, Sixth edition. Philadelphia, WB Saunders, 1982, p 67

(Accepted for publication November 8, 1984.)

Anesthesiology  
62:546-547, 1985

### Proximal Port Dysfunction in Pulmonary Artery Catheters Inserted from the Right Subclavian Vein

*To the Editor:*—A problem with pulmonary artery (PA) lines inserted from the right sided subclavian (SCV) was encountered unsuspectedly in four adult female

patients, of average build, monitored in our unit following complications of pregnancy.

Wedge position in each patient was reached, with the