

hoses, and mask should then be changed to help get rid of the offending anesthetic.² Switching anesthesia machines, removing vaporizers, and changing to a nonrebreathing circuit have also been recommended.³

Whereas an anesthetist can quickly change the mask and hoses, discontinue the agent, and hyperventilate the patient without assistance, carrying out the other recommended changes is more time-consuming and may require help from others.

As soon as the simple actions mentioned earlier have been made, I suggest that the anesthetist place a charcoal canister in the inspiratory limb of the new circuit. This can be done very quickly and will nearly eliminate transfer of residual agent from a vapor-contaminated machine to the patient. Further changes of equipment can be carried out at a more leisurely pace as additional help becomes available.

Anesthesiology
65:241, 1986

One of these charcoal adsorption units is a worthwhile addition to the store of emergency supplies reserved for malignant hyperthermia.

ERNEST R. GREENE, JR., M.D., PH.D.
*Department of Anesthesiology
University of Alabama at Birmingham
Veterans Administration Medical Center
Birmingham, Alabama 35294*

REFERENCES

1. Ernst EA: Use of charcoal to rapidly decrease depth of anesthesia while maintaining a closed circuit. *ANESTHESIOLOGY* 57:343, 1982
2. Katz J, Benumof J, Kadis LB: *Anesthesia and Uncommon Diseases*, 2nd edition. Philadelphia, WB Saunders, 1981, p 548
3. Malhotra V: Malignant hyperthermia, *Anesthesiology*. Edited by Yao FSF, Artusio JF. Philadelphia, JB Lippincott, 1983, p 365

(Accepted for publication May 6, 1986.)

Wrapping Hoses and Wires in the Operating Room

To the Editor:—With the increased amount of wheeled equipment in the typical operating room and the changes in design of the typical anesthesia machine within the past 5 yr, the number of hoses and electrical wires connected to utilities at the ceiling or wall has become more of a problem in logistics and safety. In those settings where extra lengths and hoses have been provided to accommodate different equipment configurations in the room, the excess lengths are often found randomly coiled around the attachments at the rear of the anesthesia machine, draped over adjacent monitors, or twisting across the floor.

We have found a partial solution to this problem. Electronics industry catalogues have for some years included a helical nylon wrap for grouping any number of wires or cables (Panduit Corporation #T-50, Tinley Park, IL). We have used this wrap to combine the nitrous oxide, oxygen, and vacuum hoses from each machine into a single bundle, making it far more manageable and enabling personnel to secure the excess lengths out of harm's way—either below wheeled equipment or above it (fig. 1). The added weight of the bundled utilities tends to discourage the placement of hoses around free-standing monitors or attachments, thereby reducing the risk of damaging equipment.

DENNIS MCMAHON, C.B.E.T.
*Chief Anesthesia Technician
Department of Anesthesiology
The Mason Clinic
1100 Ninth Avenue
P.O. Box 900
Seattle, Washington 98111-0900*

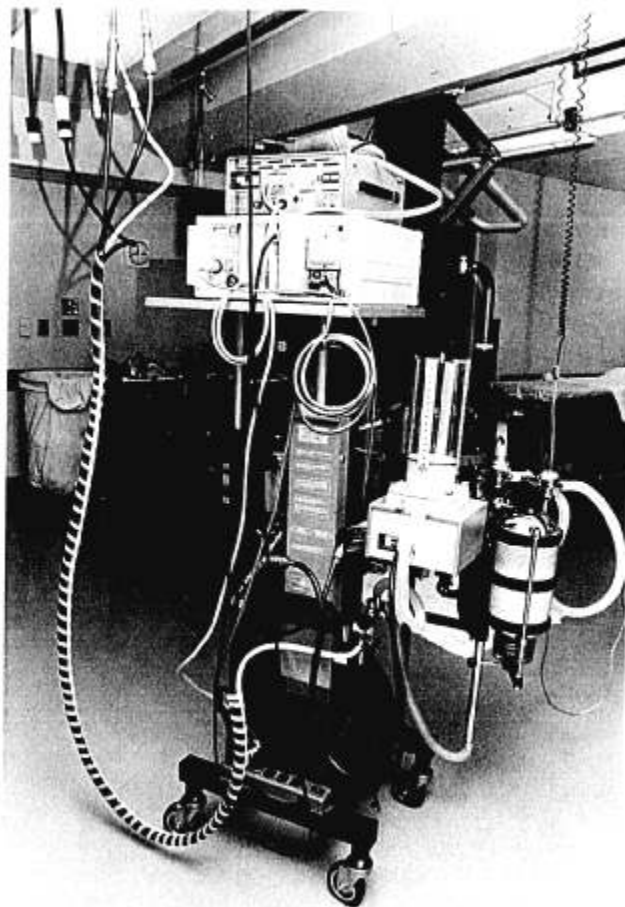


FIG. 1. Illustration of gas, vacuum, and electrical supply to an anesthesia machine.

(Accepted for publication May 6, 1986.)