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Pulse Oximetry during Shoulder Arthroscopy

To the Editor:—Arthroscopy has become increasingly popular as a means of diagnosing joint disease including arthroscopy of the shoulder. A 25-yr-old male medical student was to under go left shoulder arthroscopy for recurrent dislocation under general anesthesia. He was positioned as in figure 1. A satisfactory check for capillary filling and pulse was made and skin cleansing was started. After 10 min, the fingers were blue and pulseless. The weights were removed, and a pulse oximeter was attached to the index finger. After return of adequate perfusion, weights were reapplied and manipulated until the pulse remained steady.

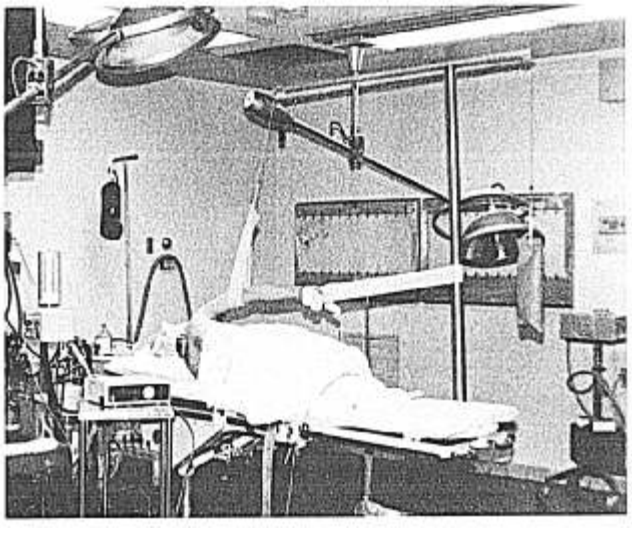

FIG. 1. One frequently used set-up for shoulder arthroscopy with pulse oximeter attached.

An 18-yr-old male was scheduled for right shoulder arthroscopy. The trachea was intubated, and the patient was positioned as in figure 1; a pulse oximeter was applied to one of the fingers and was used as a guide to adjust rope tension. Early warning of the need to reposition the arm intraoperatively was given by loss of the pulse form. Repositioning was accomplished quickly, and sterility was not compromised.

We believe pulse oximetry monitoring during shoulder arthroscopy provides a simple, inexpensive, and convenient early-warning system of excessive traction and brachial artery compression.

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A Simpler Design for Mass Spectrometer Monitoring of the Awake Patient

To the Editor:—We share with Drs. Norman and Ibarra and their colleagues[1,2] their interest in monitoring of the awake patient with a mass spectrometer.

Our technique for this purpose is as satisfactory, but simpler. We use an ordinary plastic iv catheter (gauge 14, 1¼ in), inserting the iv catheter through one of the side