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REFERENCES

1. Alfery DD, Ward CF, Harwood IR, Mannino FL: Airway management for a neonate with congenital fusion of the jaws. *ANESTHESIOLOGY* 51:340-342, 1979
2. Ovassapian A, Dykes MHM: Difficult pediatric intubation: An indication for the fiberoptic bronchoscope. *ANESTHESIOLOGY* 56:412, 1982
3. Stiles CM: A flexible bronchoscope for endotracheal intubation of infants. *Anesth Analg* 53:1017-1019, 1974
4. Ford RWY: Adaptation of the fiberoptic laryngoscope for tracheal intubation with small diameter tubes. *Can Anaesth Soc J* 28: 479-480, 1981

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Dental Rolls for Eye Operations

To the Editor:—During general anesthesia, it is common to see secretions accumulate in the back of the throat and the nose, which are routinely suctioned out during, or at the end of, a case. The face of a patient scheduled for ophthalmic surgery under general anesthesia is usually physically inaccessible to the anesthetist. It is difficult to detect secretions accumulating in the nose or mouth once the patients are fully draped. Also, reaching under the drapes and suctioning the secretions may be cumbersome and may disturb the operative field. We recently administered general anesthesia to a child undergoing eye muscle surgery in whom the surgeon, during the procedure, noticed secretions from the nose flowing under the drapes and into the eye. This led to a break in sterility necessitating a repeat sterile prep and drape. This also necessitated the use of prophylactic antibiotics.

Since then, we have begun using Rhode Island dissectors (fig. 1), commonly known as Dental Rolls, to plug the nostrils of ophthalmic surgery cases undergoing general anesthesia. Following intubation, they can be easily placed into the nostrils to block any nasal secretions. Also, we have been suctioning the nose and the throat just prior to the draping of the patient.

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FIG. 1. Volunteer shown with dental rolls in nostril. Package containing rolls is also seen.

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An Easily Assembled Device for Transtracheal Oxygenation

To the Editor:—It is well established that placement of a large-bore intravenous cannula through the cricothyroid membrane is an effective method of oxygenating the patient with supraglottic airway obstruction.¹⁻⁴ Several de-

vices have been proposed for connecting the hub of the intravenous cannula to a source of positive-pressure oxygen.⁵⁻⁸ Unfortunately, in the situation where airway difficulty is not anticipated, these devices may not be readily