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Simple Foot Restraint

To the Editor:—Some surgical procedures require the operating table to be tilted to one side. Under these circumstances, despite the use of a knee-strap, the patient's dependent lower leg may slide off the table, particularly if the patient is obese. The same can also occur without the table being tilted, if a wedge or inflatable device is placed under the patient's hip to produce a pelvic tilt as is done routinely during cesarean section.

In situations where we cannot be assured that both legs will securely remain in their intended position throughout surgery, we maintain proper leg position in the following manner: the end of a 11 cm wide Kerlix bandage (Kendall Company, Boston, MA) of appropriate length is doubled up to a length of about 60 cm, and a knot is tied to form a loop which is wide enough to easily slide around the foot to a position just above the exernal malleolus. For added safety, some padding (*e.g.*, polyurethane foam pad) can be placed between the gauze and skin, particularly during operations of longer duration. The other end of the gauze is attached to the rail on the contralateral side of the operating table (fig. 1).

The use of tape instead of bandage material is simpler and cheaper, but causes some medial traction of the ankle. A 5 cm wide tape is applied to the dependent ankle and, beginning at the medial aspect of the heel, it is carried around the posterior and lateral aspects of the heel. Before continuing, a piece of gauze of appropriate size is placed over the anterior surface of the foot to protect the hair. The tape is then brought around the front of the foot and across the width of the table underneath the other foot to the contralateral side of the table, where it is attached to the side and undersurface of the table. In obese patients undergoing cesarean section, the foot restraint can be used in combination with the side brace described by Palmer *et al.*[1]

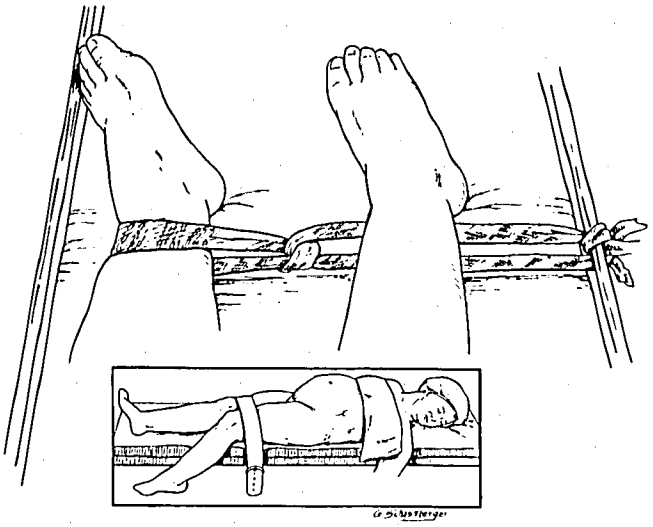

FIG. 1. A simple method to prevent the lower leg from sliding off the table when the table is tilted or one side of the pelvis is raised.

I have used this technique with good success and no complications for many years.

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Measurement of the Longitudinal Distribution of Pulmonary Vascular Resistance from Pulmonary Artery Occlusion Pressure Profiles

To the Editor:—Collee *et al.*[1] have applied pulmonary artery occlusion pressure profile analysis to determine the longitudinal distribution of pulmonary vascular resistance in adult respiratory failure. The pressure profile after pulmonary artery occlusion is a biexponential decay.[2] Collee *et al.* analyzed this decay by analogy to an electrical circuit containing two resistors (arterial and venous) and two capacitors (arterial and capillary). Pulmonary capillary hydrostatic pressure (P_c) was estimated by extrapolation of the slow component of the biexpo-