

Anesthesiology
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Introducer Sheath Malfunction Producing Insidious Air Embolism

To the Editor:—In their article, Cohen *et al.*¹ state that the Arrow AK-09803 sheath introducer will "obviate the potential for error." Unequivocally, neither this product nor any other introducer which contains only a duck-bill or self-sealing valve will prevent air embolism as stated. The danger lies in the fact that some physicians will use these products thinking that air embolism cannot occur. When any sheath introducer is used without a catheter, the introducer port must be closed to prevent air embolus.

Most manufacturers suggest using a separate obturator. The Walrus Introducer may be closed by turning a screw cap clockwise. We agree with Cohen *et al.*'s suggestion and have made this screw cap non-removable on the new Walrus "Hi-Flo" Introducer.

A. WALTER MACEachern
President

MICHAEL A. RUSSELL
Vice President

Medical Parameters, Inc.
The Walrus Division
20 Cabot Road
Woburn, Massachusetts 01801

REFERENCE

1. Cohen MB, Mark JB, Morris RW, Frank E: Introducer Sheath Malfunction Producing Insidious Air Embolism. *ANESTHESIOLOGY* 67:573-575, 1987

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In Reply:—I am pleased that our report has led to the redesign of the introducer sheath in question, thus contributing to increased patient safety.

MICHAEL B. COHEN, M.D.
Assistant Professor of Anesthesiology

Department of Anaesthesia
Brigham and Women's Hospital
Harvard Medical School
Boston, Massachusetts 02115

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Should Epidural Fentanyl be Given for Labor and Delivery in a Patient with Severe Pulmonary Hypertension?

To the Editor:—Recently, Robinson and Leicht¹ described the use of low-dose epidural bupivacaine and fentanyl in a patient with severe pulmonary hypertension. We wish to comment on this article and to question whether the addition of fentanyl provides the patient with better analgesia than that which could have been provided with the same concentration and infusion rate of bupivacaine given without fentanyl.

Neither our clinical practice or the data published by Glover² supports the practice of adding fentanyl to 0.125% bupivacaine when using a continuous local anesthetic infusion at an infusion rate of 10 ml/h. A con-

tinuous 0.125% bupivacaine infusion with 1/400,000 epinephrine should provide adequate analgesia for most patients without the addition of fentanyl.

Even though the incidence of respiratory depression is low with highly lipophilic epidural opiates, the chance, nevertheless, still exists. This report might be more significant if the patient had not had adequate pain relief with bupivacaine alone, and then subsequently experienced significant relief with the addition of epidural fentanyl or if the infusion rate could have been significantly decreased. The use of fentanyl in this particular case did not appear to provide the patient