Title: USE OF HUDSON'S MASK FOR SHORT OPHTHALMOLOGICAL PROCEDURES IN CHILDREN RESULTS IN LOW COMPLICATION RATE.

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INTRODUCTION: Anesthetizing children for screening and staging of retinoblastoma requires unencumbered access to the patient's eye. Furthermore, in outpatients, rapid case turnover is equally important. Ketamine is associated with prolonged recovery, development of drug tolerance and undesirable movement.1,2 We developed a technique employing Hudson's mask to anesthetize children for eye examination. This paper describes our experience in 2691 (M-1618, F-1073, age range was from 6 weeks to 14 years; avg. age 2 yrs) anesthetics administered.

METHODS: Informed consent was obtained. No premedication was given. Anesthesia was induced using standard monitors with 6LN2O/3LO2 and halothane with a single breath technique employing Hudson's mask. A Jackson-Rees anesthesia circuit was available to give IPPV if required and facilities for endotracheal intubation were always at hand. Anesthesia was maintained with N2O-O2-Halothane. The children were recovered on an adjacent bed. Upon resumption of consciousness, they were returned to their parents and were all discharged in less than 2 hours.

RESULTS: The duration of procedures ranged from 5 minutes to 80 minutes (average 20). The table shows the incidence of complications. No children were sent to the main recovery room and none required overnight hospital admission.

COMPLICATIONS	No.	(%)
Nausea and vomiting	32	(1.2)
Use of Jackson-Rees for IPPV	14	(0.5)
Endotracheal intubation	0	(0.0)

DISCUSSION/CONCLUSIONS: The incidence of nausea and vomiting was low. By comparison a 21% increase was reported in outpatient pediatric anesthesia3 and 10% was reported following strabismus surgery despite use of droperidol.4 Avoidance of intubation and IPPV may be contributing factors. Pollution of the operating room with N2O and halothane is a potential problem with this technique. An earlier study5 has revealed an unacceptable concentration of N2O in OR, to correct this we have been applying suction tubing next to both expiratory openings on the mask. Further studies are underway at present to determine the level of pollution of this new system. This technique has low complication rate and assures rapid turnover of cases. From our experience, we feel this to be a safe and practical anesthetic technique in a busy outpatient clinic for short ophthalmological procedures in ambulatory children.

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METOCLOPRAMIDE MAY CAUSE DYSPHORIA

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Introduction:

Postoperative nausea and vomiting by patients in ambulatory surgery may lead to hospital admission of a patient expecting to go home. Several drugs, including metoclopramide, have been used prophylactically to prevent nausea and vomiting. Metoclopramide, 10 or 20 mgs. in 50 cc of D5W have frequently been used by the authors. Dysphoria, even leading to the patient refusing the planned surgery, has on frequent occasion closely followed the administration of metoclopramide. This paper is a report of six of these patients.

Case descriptions:

All of these patients are women between 29 and 40 yrs. old. Five of the six are for gyn. surgery and the other is for Caldwell-Luc operation. The authors have been particularly inclined to give metoclopramide in gyn. patients and this may explain the preponderance of gyn. patients. Two of the six patients refused surgery after metoclopramide, one of which subsequently had her surgery and received 20 mgs. of metoclopramide preoperatively without apparent incident. One said she "was too scared to have operation," and the other "had premonition about my children and I need to get home." Complaints by the others were "felt groggy," "very nervous," and "aggitated, restless and irritable."

Discussion:

Both metoclopramide and droperidol have been given to prevent nausea in patients having surgery. Both are known to be central nervous system dopamine antagonists.[1] Droperidol is known to cause on occasion a dysphoria leading to cancellation of surgery.[2,3] The examples here are anecdotal but strongly suspicious of supporting the belief that metoclopramide can also cause dysphoria even leading to cancellation of surgery.

Characteristically in these patients there is a striking rapid change in the mood of these patients associated with the infusion of metoclopramide.

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