

CORRESPONDENCE

removal of the spinal needle. Additional precautions may be necessary to prevent the development of high spinal block, as it may be difficult to identify subarachnoid injections with a standard test dose in the presence of spinal anesthesia. Although we had no evidence of intrathecal placement of the epidural catheter in this small number, there is the possibility that it may occur through the dural puncture. From this study, we believe that an ideal needle set would be one with a modified Tuohy needle and a spinal needle that protrudes more than 13 mm beyond the Tuohy needle.

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Overcoming the Language Barrier in Obstetric Anesthesia Practice

To the Editor:—DeVore and Koskela¹ reported that non-English-speaking women in a hospital in California were more likely to deliver without epidural analgesia than comparable women who did speak English. They suggested that better communication with the non-English-speakers might allow more to choose epidural analgesia and proposed prenatal information brochures in several languages. Patients who speak French or English as a second language usually prefer to receive the information in their mother tongue.

At the Royal Victoria Hospital, Montreal, information brochures on epidural analgesia are available in the obstetric suite in the following languages: French, English, Italian, Greek, Spanish, Portuguese, Russian, Polish, Arabic, Turkish, Japanese, Chinese, Vietnamese, Cambodian, Tamil, Hindi, Urdu, Farsi, and Inuit. This range of languages remains inadequate, but the overwhelming majority of patients are served. Translations were obtained at no cost by approaching anyone who could help—specific ethnic community organizations, physicians (especially obstetricians), nurses, patients, and even a spouse who did the Japanese translation at the bedside during a protracted labor. It is possible that some of the translations are of poor quality, but in practice, the message gets through, and there have been no major misunderstandings.

The brochure is offered to the patient in early labor. Benefits and complications of epidural analgesia are listed, emphasizing that the procedure is an option and will only be done at the patient's request. Use of the brochure also avoids complete reliance on the spouse for transmission of information to the patient. A woman who can only communicate through her spouse is at a disadvantage if subjected to

his prejudices. I have noted that the spouse is occasionally reluctant to pass on any information to a patient in pain, stating categorically that she does not want an epidural but implying that he does not want her to have one. The use of information brochures contributes to the apparent lack of interethnic variation in the rate of utilization of epidural analgesia in labor in this institution.

A further aid to epidural analgesia when communication is poor—and even when it is good—is a picture of the correct position to adopt for the procedure. I use an illustration prepared by a medical artist together with a photograph from a fashion magazine of a model who is by chance in the perfect posture. After seeing the illustrations, patients immediately adopt the correct position, saving considerable time spent on explanation and demonstration.

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