TECHNICAL TIPS

Drug safety with regard to intra-operative local anaesthetic administration

PAUL GUYVER, KATRINA VANSTONE, TINA NOWLAN, KARL TRIMBLE

Department of Trauma and Orthopaedic Surgery, Derriford Hospital, Plymouth, UK

CORRESPONDENCE TO

Paul M Guyver, SHO in Orthopaedics, Department of Trauma and Orthopaedic Surgery, Level 11, Derriford Hospital, Derriford Road, Plymouth PL6 8DH, UK
T: +44 (0)1752 777111 ext 37297;
E: paul_guyver@hotmail.com

It was recognised that intra-operative drug administration errors could potentially occur due to difficulty in reading the embossed expiry date of clear plastic vials of local anaesthetic agents. The theatre staff are required to hold up the vial for verification hopefully outside of the sterile operative field to prevent de-sterilisation. This combined with the bright ambient lighting in theatres makes reading the vial even more difficult, increasing the risk of error.

We propose a new technique with the use of a permanent marker pen to score across the embossed date thus highlighting it to the surgeon and scrub staff (Fig. 1).

Figure 1 Local anaesthetic vial prior to permanent marker.

The 'meniscus sign' – a safe and reliable method of portal placement in shoulder arthroscopy

A McMURTRIE, AR GUHA, JR WOOTTON

Department of Orthopaedics, Wrexham Maelor Hospital, Wrexham, UK

CORRESPONDENCE TO

A McMurtrie, Department of Orthopaedics, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD, UK
E: ajmac@tesco.net

Traditionally, the glenohumeral joint is distended with saline via a needle prior to portal placement. It can be difficult to be certain that the needle is intra-articular. We recommend that a 21-gauge 'green' needle is filled with saline producing a meniscus of fluid at the top of the needle. Entry of the needle into the glenohumeral joint is confirmed with the sudden disappearance of the meniscus due to negative intra-articular pressure resulting from traction on the arm. We have found this to be a reliable method of ensuring that the needle is intra-articular prior to inflating with saline.

Figure 1 Meniscus of fluid visible on needle prior to entering the glenohumeral joint.

Figure 2 Disappearance of meniscus confirms entry into glenohumeral joint.