To the Editor:—We read with interest the article by Dr. Randy W. Loftus et al., entitled “Transmission of Pathogenic Bacterial Organisms in the Anesthesia Work Area.”1 The authors reported contamination of the anesthesia workspace and the sterile stopcocks. This is an important study that highlights the risks of contamination and the potential role that the anesthesiologist may have in the spread of disease. The authors state that it is a “reasonable assumption that the aseptic practice by anesthesia providers at our institution reflects practice elsewhere.” However, I do not believe that this is a valid assumption, and would like to know what it is based on. It would have been important to describe the actual anesthesia practice, and if there is a standardized protocol of the anesthesia practitioner.

In our institution, we have been in the process of implementing a system that is practiced as a standard throughout the department, which consists of using a front “dirty” table, and a back “clean” table. The front table is the work table of the anesthesia machine. It is covered for each patient with a disposable sterile drape. Only items specifically for the current patient are placed on the drape. Additional medications that have been prepared, but are not definitely being used, are kept on the back table, which is the tabletop of the anesthesia cart.

Rather than just having the surface of the anesthesia machine tabletop wiped down as a terminal cleaning procedure as in the study reported, it is wiped down before each patient. Additional measures include wearing a gown for patients already on contact isolation, which is removed after the case. A bag is used to isolate the controlled substances which have already been used and handled, and to keep them separate from the other unused controlled drugs. We are currently evaluating stopcocks with sealed valve ports that do not require caps, which would be a closed system and may be less likely to be contaminated. We are also evaluating central line dressings impregnated with chlorhexidine to reduce the incidence of central line-related infections.

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Reference


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