These two devices were connected and tuned electronically to result in smooth and precise current control by pressing on the foot pedal. The new unit controls the output current in an infinite number of ranges when the foot controller is used (i.e., 0–0.5 mA, 0–1.5 mA), which allows for more precise current delivery. When connected to a standard dummy load of 2 kiloOhms and tested on the Sony Tektronix 314 oscilloscope (Tektronix, Beverdon, OR), the electrical characteristics of the device were essentially identical to those of the original PNS. The invention has been approved for use on patients by our Biomedical Department at St. Luke’s-Roosevelt Hospital Center (#50012871) and has been used successfully in our clinical practice. Because the foot controller is detachable, the same unit can be used with or without foot attachment.

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References


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Is General Anesthesia Required?

To the Editor.—The report by Lönnqvist1 regarding the successful use of a laryngeal mask airway in general anesthesia in low-weight premature infants undergoing cryotherapy for retinopathy or prematurity was interesting. However, we question why infants with retinopathy with prematurity need to have their surgery performed under general anesthesia.

One of us (G.E.S.) has been performing cryotherapy for retinopathy of prematurity since 1985 under local anesthesia. All surgeries have been performed in the neonatal intensive care unit with the attending neonatologist present. The infants generally have received very mild sedation. Anesthesia consists of installation of a topical anesthesia followed by bus-tenon injection of lidocaine in each of the four quadrants. This anesthesia has been adequate for all of the procedures that have been done. Including those in which a conjunctival incision was necessary to reach far posteriorly with a cryoprobe to treat posterior disease.

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Reference


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