CORRESPONDENCE

Anesthesiology
80:715, 1994
© 1994 American Society of Anesthesiologists, Inc.
J. B. Lippincott Company, Philadelphia

In Reply—The use of the 50-ml vial for multiple patients is strictly against the guidelines, which specify that propofol (Diprivan), irrespective of package size, is a product for single-patient use only. The clinician has the opportunity to select the Diprivan packaging (ampule or vial) that provides the quantity of Diprivan most appropriate for the intended use.

For induction of anesthesia, the 20-ml ampule contains quantity of Diprivan sufficient for the majority of surgical patients.

For maintenance of anesthesia, the 50-ml vial contains quantity of Diprivan sufficient to provide anesthesia for an additional 50 min after induction, assuming an infusion rate of 200, 150, and 100 µg·kg⁻¹·min⁻¹ for 10, 10, and 50 min, respectively.

For surgeries of shorter duration, a single 50-ml vial may be sufficient for both the induction and maintenance doses for the same patient. We repeat, however, that dosing for multiple patients from a single package of Diprivan, whether ampule or vial, is unacceptable practice because patient safety may be compromised.

We believe that Diprivan handling instructions, guidelines, and warnings for maintenance of aseptic technique and single-patient use allow clinicians to provide safe and effective anesthesia.

David B. Goodale, D.D.S., Ph.D.
Associate Director of Anesthesia
Clinical and Medical Affairs
Zeneca Pharmaceuticals Group
Wilmington, Delaware 19897-2200

(Accepted for publication November 30, 1993.)

A Simple Alternative Method for Nasogastric Tube Suction Connections

To the Editor—Nasogastric tube management is widely used in anesthetic practice (e.g., for gastric decompression during laparoscopic procedures and for postoperative gastrointestinal secretion drainage). Most nasogastric tubes are supplied with a plastic (Simms-type) connector to facilitate connection with suction devices. Often, these plastic connectors become misplaced, requiring either replacement with a similar connector if available or removal of this connector from a new nasogastric tube package.

Most nasogastric tubes are provided with air entrapment pigtails (fig. 1: Argyle Salem Sump Tube, Sherwood Medical, St. Louis, MO). A simple alternative method for nasogastric tube suction connection is to cut the distal end (5 cm) of the air entrapment pigtail for use as the connector. This small tubing segment can be used either to connect the nasogastric tube to suction tubing or to cap the nasogastric tube with the now shortened pigtail. In either case, it provides a seal as effective as the original plastic connector and can be capped when not in use. This method adds no expense and can be performed in seconds.

B. Todd Sitzman, M.D., M.P.H.
Carol L. Lake, M.D.
Department of Anesthesiology
University of Virginia Health Sciences Center
Charlottesville, Virginia 22908

(Accepted for publication December 3, 1993.)

Fig. 1. Cut-off pigtail serving as a connector. NG = nasogastric.