Epidural Block for Chronic Pain Management Facilitated by Field Block

To the Editor:—Peng et al., in their letter concerning the use of field block before epidural and subarachnoid block, have drawn attention to an aspect of technique that also has important application when these blocks are used in chronic pain management. The Pain Management Centre has used this technique for the last 15 years in unpremedicated outpatients having a series of epidural blocks for a variety of chronic pain conditions. It is useful at all spinal levels, including the cervical. Adequate field block is necessary to permit proper relaxation by the patient and enables us to evaluate whether any degree of overreaction to mild stimulation is present. Also, because epidural block is notoriously difficult in the thoracic region and in patients who have had back operations, an adequate block is necessary for humane treatment and to permit the operator to proceed calmly with the technique, secure in the knowledge that, however difficult the procedure, further pain will not be inflicted. This latter aspect is of particular importance when teaching residents who might otherwise be made more tense and anxious by complaints of pain from the patients.

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REFERENCES

1. Peng ATC, Behar S, Blanchard LS: Reduction of postlumbar puncture backache by the use of field block anesthesia prior to lumbar puncture. Anesthesiology 63:227–228, 1985
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A Simple, Inexpensive Method to Prevent Heel Sores

To the Editor:—I read with interest the letter by Dr. Pither and colleagues. Eighty per cent of all Cesarean sections at this hospital are performed under lumbar epidural analgesia with either 0.5% bupivacaine or 2% lidocaine with adrenaline 1:200,000. Over one-half of these are emergency Cesarean sections. Many of the mothers undergoing emergency Cesarean section have had epidural analgesia for up to 12 hours in labor before arriving for surgery and may then have a further 12 hours' immobility postoperatively.

Observation by the nursing staff of early pressure damage to the heel skin of these mothers led to the introduction in this hospital of a simple, cheap prophylactic measure. Two empty, 1-l intravenous infusion bags are inflated with air and spigotted. These then provide air cushions of a suitable size to be placed one under each heel, thus giving relieved pressure on these vulnerable areas for the duration of motor and sensory block.

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Intubation Technique—A Health Hazard for the Anesthesiologist

To the Editor:—Anesthesiologists have traditionally used a two-handed approach to endotracheal intubation, whereby the thumb and index finger of the right hand are used in a scissors-like movement to pry the patient's