More on One-lung Lavage

To the Editor—In a recent ANESTHESIOLOGY publication, Spragg et al.,\(^1\) reported several useful methods to facilitate the performance of unilateral lung lavage. Our recent performance of this technique for a documented case of pulmonary alveolar proteinosis prompted the development of two simple modifications that we found to be helpful.

Isotonic saline was heated to 37°C as it flowed through a Fenwal\textsuperscript{®} blood warmer placed in series with a Pharmaseal\textsuperscript{®} water manometer. The manometer tubing then was attached to the bronchial port of a Broncho-Cath\textsuperscript{®} double-lumen tube via a Y-tube connector (fig 1). The saline then could be warmed continuously and accurately, while maintaining uninterrupted infusion.

The manometer provided a simple and accurate means of monitoring infusion pressure by simply adjusting the height of the fluid bottle to correspond to the desired pressure reading (+30 cm H\textsubscript{2}O). Infusion pressures could be rechecked periodically and adjustments could be made for the effects of tubing resistance through the warmer and the decreasing fluid level in the lavage bottle.

Pressure and temperature of the infused saline are important parameters in this technique and should be monitored closely. Infusion pressure should be maintained so as to exceed mean pulmonary artery pressure, and thereby decrease perfusion to the nonventilated lung, while avoiding barotrauma. Extremes of saline temperature could be associated with obvious local and systemic complications. The modifications discussed offer convenient methods for monitoring these parameters.

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REFERENCES

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Fig. 1. Pulmonary lavage circuit including isotonic saline in series with blood warmer, water manometer, and double lumen endotracheal tube via Y-tube connector.