Modification of Macintosh Laryngoscope Blade

To the Editor:—In an attempt to achieve greater room for manipulation of the laryngoscope and endotracheal tube during intubation of patients with restricted space between opposing teeth and (or) a small mouth, the following parts of the Macintosh blade were remodeled: 1) The depth of the proximal part of the blade was carved 0.5–2 cm shallower and the corresponding part of the blade was made smaller in the horizontal plane. In addition, the distal end of the blade was bent slightly at the tip (fig. 1). 2) The modified blade resembles in its longitudinal axis, the Bowen-Jackson laryngoscope.1 In the belief that this modification would reduce the risk of teeth-damage, the blade has been used effectively in selected patients in our department during the last three years.

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**REFERENCE**


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Adapter Kit Is Available to Update APL Valves

To the Editor:—We would like to respond to a recently published letter which called attention to several points concerning the exhaust port on relief valves (APL).1 Illustrated in the photos accompanying the letter was an Ohio Medical Products APL valve. This APL valve originally was introduced on the market having a 22-mm exhaust port. In light of the pending standards for gas scavenging, an adapter kit has been made available for changing the 22-mm exhaust port to a 19 mm/30 mm exhaust port. This adapter can be epoxied easily onto the existing APL valve by the user. To order an adapter kit (Ohio Stock Number 216-6726-800), contact your local Ohio Medical Products dealer/sales representative. This kit is designed to be installed by hospital personnel. All APL valves currently being sold by Ohio Medical Products have the adapter installed.

We would like to make an additional comment concerning the positioning of the APL valve. Referencing the photos with the letter, under the photo labeled WRONG, the exhaust port of the APL valve is pointing
in the same direction as the inlet to the exhalation check valve. The second photo labeled RIGHT, shows the APL valve exhaust pointed approximately 90° away from the inlet to the exhalation check valve. This position, 90° away, is the preferred position. The Ohio Medical Products' APL valve, illustrated in figure 1, is equipped with three set screws located on the Hex Nut under the valve. These three set screws are intended to be tightened, locking the APL valve into the 90° preferred position.

The letter also calls attention to the commonality of colors of hoses. Several manufacturers, including Ohio Medical Products, have taken steps to place color bands on the connecting ends of the scavenging hoses as an aid to distinguish them from breathing circuit components.

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**Fig. 1.** The Ohio Medical Products' APL valve.

**REFERENCE**


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**Experience with Reduced Volume Dose of Sodium Citrate**

*To the Editor:* We read with interest the clinical report by Gibbs et al. concerned with the effectiveness of sodium citrate as an antacid in parturients undergoing elective Cesarean section. During the past two years at our institution, the preanesthetic administration of sodium citrate in a volume of 15 ml, rather than 30 ml, has proven to be effective for aspiration prophylaxis both in routine surgical patients for at least three hours and in parturients for at least 110 min (unpublished data). The pH of gastric fluid has been consistently above 2.5 in surgical patients and above 3.5 in obstetric patients during these observed time intervals.

The use of smaller volume doses of sodium citrate offers two advantages. The total volume of the stomach contents is lessened which theoretically is important when considering the critical volume of aspirate (20–25 ml) necessary for adverse pulmonary sequelae to occur. In addition, the gastrointestinal side effects of sodium citrate are abated by the use of less drug. Nausea, vomiting, and diarrhea are more likely to occur with larger volume doses of sodium citrate.

In the same article by Gibbs, the data from the in vitro portion of the experiment suggests that 15 ml of sodium citrate would still neutralize a volume of HCl acid comparable to that neutralized by 30 ml of other commonly used particulate antacids.

We, therefore, conclude that a single dose of 15 ml of sodium citrate, rather than 30 ml, is adequate for prophylaxis against aspiration pneumonitis.

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