ADAPTATION OF A SPECIAL MATTRESS FOR THE LATERAL DECUBITUS

The lateral decubitus has been a relatively infrequently used position in surgery. With the increase in the number of thoracic procedures, however, this position is now more commonly utilized. With this increase in the use of the lateral decubitus, a complication of this position is occasionally noted, namely, paralysis of the brachial plexus. The extent and severity

FIGURE 1.

FIGURE 2.

FIGURE 3.
of this complication varies and it is not intended to discuss that phase here.

As a prophylactic measure against the occurrence of brachial plexus paralysis resulting from the lateral decubitus, a special mattress has been used. The mattress used in continuous spinal anesthesia given according to the method of Lemmon has been adapted. As illustrated, the mattress is constructed in two pieces (fig. 1). In the adapted form, the segment usually placed cephalad when the mattress is utilized in the continuous spinal technic is reversed upon itself. This causes the cut-out portion then to be in a suitable position for the patient’s shoulder. A further modification is the separation of the small upper portion completely and its utilization solely as a head piece (fig. 2). The under-shoulder then fits into the area between these two segments (fig. 3). The distribution of the patient’s weight is upon the lower half of the chest and the head (fig. 4), instead of being directly upon the underlying shoulder as occurs with the usual type of mattress. Suitable padding is placed beneath the arm, so that it does not rest directly upon the metal table. The mattress provides sufficient padding to keep the under-shoulder from the table top. Placing the weight of the patient partially upon his chest does not materially affect respiratory movements.

The mattress has been so used in approximately 100 cases, with seemingly good results.

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HOME-MADE ANESTHESIA SCREENS

The frail frame of the conventional type of single wire anesthesia screen has proved to be unsatisfactory for many operative procedures and has prompted the development of the types to be described. These screens have been used in this hospital for the past two years and have been eminently successful from the standpoint of the surgeon and the anesthesiologist. The surgeon is provided with a maximum of working