

CORRESPONDENCE

Face mask harness hooks can be dangerous

Dileep Kumar¹, Aly Bahadur², Fauzia Anis Khan³

¹Assistant Professor; ²Resident; ³Professor

Department of Anesthesia, Aga Khan University, Karachi, (Pakistan)

Correspondence: Dr Dileep Kumar, Department of Anesthesia, Aga Khan University, P. O. Box 3500, Stadium Road, Karachi, (Pakistan); Cell # 0092 333 2168948; E-mail: dileep.kumar@aku.edu

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Sir,

Facemasks are commonly used worldwide in day to day anesthetic practice. The device allows gas delivery to the patient from breathing system without introducing any apparatus in patient's mouth.¹

Earlier makes of anesthesia facemasks are reusable and made up of black rubber, consist of a main body, sealing rim, connector and steel hooks (harness hooks). These black rubber masks have almost entirely been replaced by disposable clear plastic masks now a days.²

Since the introduction of laryngeal mask airway in anesthesia practice in 1987,² the use of the harness hooks for hands free anesthesia has become gradually abandoned,³ however, this type of facemasks are still in practice in many countries. The sharp harness hooks have no role in modern anesthesia practice and may cause injury to patients and the operators (the anesthetists).

The facemask is usually placed beside the patients head to be used before extubation (Figure 1). The semiconscious patient at emergence may have unpredictable head movements that may lead to serious injuries to patient's face and eyes due to facemask's sharp harness hooks. This is more common in pediatric anesthesia practice. Similarly, it may cause injury to the anesthetist's hands while handling the sharp hooks to maintaining a patent airway.

Safe practice is every patient's right; resource

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limited countries need to evaluate this practice. The face masks without hooks are safe. We suggest that the hooks be removed from the facemask before its use (Figure 2) to avoid unwanted injuries to patients and care providers.



Figure 1: Showing the harness hook in facemask



Figure 2: Showing the facemask without harness hook

Palliative care and the active work of the anesthesiologist; a reflection from a bioethical point of view

Templos Esteban Luz Adriana.

General Hospital Dr. Manuel Gea González (Mexico)

Luz Adriana Templos Esteban. Division of Palliative Care and Pain Clinic; Phone: +5240003000 ext 3206, E-mail: luzadrianatemplos@hotmail.com

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Palliative Care is a comprehensive discipline that is described by the World Health Organization in 1990 as one that is focused on the active and total care of patients with progressive or incurable diseases in whom the management of pain, comfort, and management aspects spiritual, psychological and social.¹

In Mexico in December 2014, a document was published in the Official Gazette of the Federation that stated all levels of care in our Health System.² In the National Development Plan 2013-2018³ are mentioned the objectives of the promotion of quality of care in the terminal patient, the promotion of education and the creation of multidisciplinary teams as well as the management of this type of services.

In our country, traditionally it is the anesthesiologists who is responsible for pain management and / or palliative care with training in subspecialty, but we can take some active steps to achieve great benefits as follows:

1. Communicating bad news. On pre-anesthetic evaluation we may detect anesthetic-surgical risk factors in a palliative patient. We must explain the risks and benefits of the procedures and take advance decisions such as advanced resuscitation, vasopressor management, etc. In

many cases not performing surgery may offer greater benefits and allow the patient to spend some more days with his family.

2. The autonomy of the patient must be respected in decision-making. Sometimes the diagnosis or prognosis of the disease may not be known. As anesthesiologists we have the capacity to inform and support in this regard and to explain properly with an informed consent.
3. First of all, do no harm. Allow the patient's beneficence in relation to his illness. Avoid as much as possible unnecessary or futile procedures and if the nature of the surgical act is no longer possible and the patient is in poor conditions, allow the patient to spend his last hours with his family.
4. Within the principles of palliative care, comfort and pain relief are the first and the foremost priority.⁴

As a final reflection it is understood that much remains to be done to have an adequate infrastructure in the area of palliative care, but with these simple recommendations we can have a more active and humane role to achieve a better quality and warmth in the care of these patients and their families in a terminal situation.

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