Authors' reply

Dear Editor,

We thank Ramchandani for their interest in our article.[1] We agree to their view point. In our practice, as mentioned in the article, the parents are allowed only after the eyes are painted and draped. The parents would leave the operation theater immediately on completion of the surgery, before the drapes are removed. The parents are not exposed to the exertion of the child (and the anesthetist) while taking the IV line / intubation. Nevertheless, in contrast to our practice, in a few hospitals in the Unites States, the parents are allowed during the induction of anesthesia and during the recovery, but not during the surgery.

In situations where getting an IV line is difficult / the child is too young or uncooperative, we suggest the use of sevoflurane to first anesthetize the child and then take the IV line. Sometimes we use intranasal midazolam or oral chloral

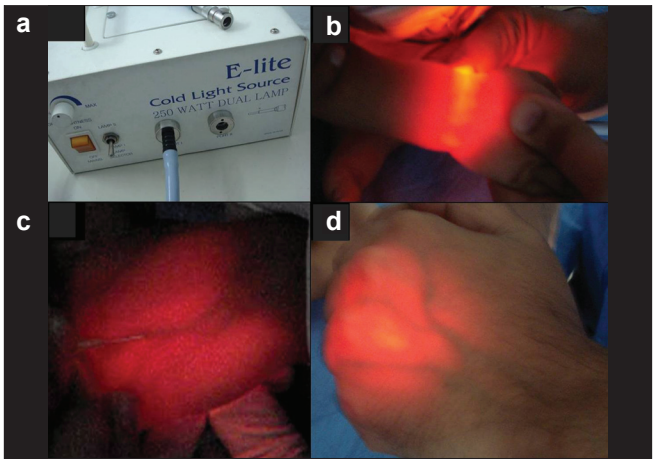

Figure 1: Transillumination technique to secure IV line: (a) Cold light source with fiber optic cable; (b) transillumination of a child's hand demonstrating absence of suitable veins; (c) transilluminated hand of a child with intra-cath insertion in progress; and (d) transillumination demonstrating large veins in the hand of an adult patient

hydrate 20 minutes prior to taking the IV line. This makes it easy for the child, parents, as well as the anesthetist.

Use of a cold light source can also be helpful to secure the IV line easily in a child. Transillumination produced by the light [Fig. 1] can easily show up the veins in the palm of a child (as well as adults). The anesthetist then decides the suitability of the vein for the insertion of an intra-cath based on the diameter, tortuosity, position, and direction of the vein. However, the cold light can also produce heat that is enough to cause a burn if held for a prolonged period of time. Hence, the duration should be short (10–15 seconds) followed by a break of 5 seconds before reapplication.

Nevertheless, we believe, whether to get the relative in the operation theater during the induction / recovery from anesthesia is a decision that is best left to the anesthetist.

Mihir Kothari, Ricky Menon

Department of Pediatric Ophthalmology, Pediatric Neuroophthalmology and Adult Strabismus, Aditya Jyot Eye Hospital Pvt. Ltd., Wadala, Mumbai, India

Correspondence to: Dr. Mihir Kothari, Jyotirmay Eye Clinic, 205 Ganatra Estate, Khopat, Thane – 400 601, Maharashtra, India.
E-mail: drmihirkothari@jyotirmay.com

Reference

1. Kothari M. Feed back of the parents and / or relatives witnessing a squint surgery of their ward in the operation theater. Indian J Ophthalmol 2011;59:385-7.

Access this article online	
Quick Response Code:	Website: www.ijo.in