Letters to Editor

Alternative use of the ophthalmic drape for anaesthesia procedures

Sir,

Central venous catheterisation (CVC) requires maximal sterile barrier precautions to prevent catheter-related bloodstream infection, which is associated with preventable morbidity and mortality.[1,2] Disposable surgical drapes are recommended as a standard of care; however, those specifically meant for this purpose are neither freely available nor cost-effective. We present the use of the commercially available disposable ophthalmic drape for the said purpose.

The disposable ophthalmic surgical drape is available in an average size of 70 cm × 70 cm, with an adhesive transparent area of 7 cm × 9 cm. A plastic bag comes attached to the lateral border of the adhesive area. It covers patient's head and the thorax, and the rest of the body can be covered with a plain drape. The transparent adhesive area is adequate to expose all anatomical landmarks and provides good-quality images when using ultrasound guidance, now considered a current standard of care for internal jugular vein cannulation[3] [Figure 1a]. A small area may be cut out in the adhesive surface as per the requirement. This is best done before opening up the surgical drape by removing the protective paper over the adhesive area and making a desired cut using a stab knife blade. The adhesive area is placed on the procedure site such that the attached plastic bag is placed on the lateral aspect of the neck and the drape is then opened to cover the head and the thorax.

The ophthalmic surgical drape provides an ideal option and ensures an optimum level of sterility. The adhesive area helps keep the drape in stable position, thereby avoiding requirement of multiple drapes. Most of the disposable drapes are made of low-lint and abrasion-resistant fabric and have level 4 liquid barrier performance because of their non-perforated design and hence have poor absorbent quality as compared to the linen cloth drapes. The polyethylene drapes used in the absence of disposable drapes are completely non-absorbent and do not remain stable in place. The plastic bag adjacent to the adhesive area of the ophthalmic surgical drape is designed to collect the irrigation fluid; during internal jugular vein cannulation, it collects the trickle of blood that occurs after dilatation of the subcutaneous tract, preventing soiling and contamination of the neck and the shoulder area and the trickle over the drape down to the floor on the operator's feet.

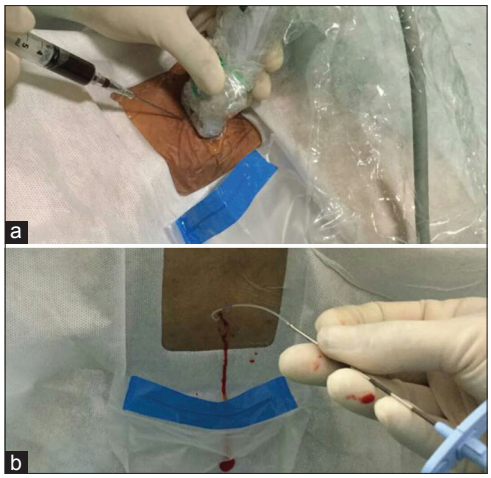

Figure 1: (a) Use of ophthalmic drape in central venous catheterisation cannulation. (b) Use of ophthalmic drape in epidural catheter insertion

The disposable ophthalmic drapes are freely available in the market as well as in all hospitals where cataract surgeries are performed. The disposable ophthalmic surgical drape is more cost-effective as opposed to the one dedicated for CVC.

This can also be used successfully for subclavian, femoral and peripherally inserted central catheter line catheterisations. It can also be used for isolation during spinal or epidural anaesthesia procedures and other regional blocks. During neuraxial blockade, the length of the transparent adhesive area should be placed along the length of the spine so that in case of difficulty one can easily have access to 2–3 interspinous spaces. The plastic bag should be placed in the caudal direction. The best benefit is seen in an epidural procedure as on removing the Touhy needle after the insertion of the catheter; we commonly encounter a trickle of blood down the back soiling the operating table [Figure 1b].

We recommend routine use of this drape for various procedures in anaesthesia and the intensive care unit.

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Conflicts of interest

There are no conflicts of interest.

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