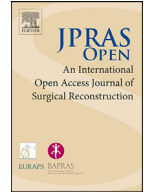




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Short Communication

Safe surgical draping in cleft surgery

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Dear Sir,

In paediatric surgery even simple modifications of existing practice can help reduce the risks of anaesthesia especially in the setting of “shared airway” surgery. Shared airway surgery being defined as those situations where surgeons are operating close to the endotracheal.

Cleft lip and palate surgery, a form of “shared airway” procedure, is performed with a caudally directed endotracheal tube. Traditional opaque sterile drapes obscure the endotracheal tube and the remaining anaesthetic circuit.

Under these conditions, accidental compression or disconnection of the anaesthetic circuit (endotracheal tube, CO₂ monitor, oxygen tubing) during surgery could potentially lead to delayed identification of equipment issues, which can have disastrous consequences.¹

We changed our draping practice to help reduce the incidence of tube related problems, and also allow the anaesthetist unobstructed access to the endotracheal tube intra-operatively.

The head drape is constructed with standard green opaque single use drapes. Next, a half conical frame is placed over the patient. Finally a clear plastic drape is placed onto of the frame and over endotracheal tube ([Figure 1](#)). This setup allows easy access to, and visualization of, tubes and lines for

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Figure 1. Intraoperative set-up showing cage in place and clear plastic drape. Note the visibility of the anaesthetic tubing.

the anaesthetist, prevents the surgical team from leaning on the patient or dislodging the endotracheal tube, and also allows the surgical microscope to be used for the palate repair.

Our proposed method of intraoperative draping is also applicable to other specialties (maxillofacial and otolaryngological surgeons) which undertake shared airway surgery.

Conflict of interest statement

None.

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Reference

1. King HK. A new device: Tube securer. An endotracheal tube holder with integrated bite-block. *Acta Anaesthesiol Sin.* 1997;35(4):257–259.