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(PAPERPORT)

54



Mr John Lamb
VIAMED Ltd.
15 Station Road
Cross Hills
Keighley
West Yorkshire

Letter

22nd October 1994 PRIVATE AND CONFIDENTIAL

Dear Mr Lamb,

Thank you for the informative chat we had before you went to Israel. I hope the trip went well for you. Several things have happened since our phone call:-

1) Here is the Braun kit which I would like proper connecting leads for (autoclavable). Dr Harper uses a needle down the cannula-introducing needle to connect the crocodile clip. He is then able to provide continuous brachial plexus block by infusion. — *important parts of* — used it Sunday 23rd myself. 16 yr old boy #hibe.

2) I discussed the following with Nigel Harper on Thursday 20th. That day an orthopaedic consultant borrowed my Anaestim II to try to position 16G Portex epidural catheters for "3 in 1" infusion blocks. He had seen me do it many times for his patients and valued the technique, but had no choice but to put it in himself now that I have left Rochdale for Royal Oldham Hospital. I briefed him beforehand but was unable to attend. (Please send me the current price list of Anaestim equipment so that he can buy his own.) *Q. albers*

Unfortunately, although both he himself and the other (locum) anaesthetist had access to detailed instructions (enclosed), I understand that the patient was presented to the orthopaedic surgeon paralysed with muscle relaxants on a ventilator. Needless to say, Anaestim II even at its maximum output of 5 milliamps did not produce muscle twitches. The anaesthetist then produced a Microstim, told the orthopod that she was sure it would work and was safe, plugged my Anaestim II leads into the Microstim and tetanic stimulation through the Tuohy needle was used the try to locate the femoral nerve (with a maximum output of 100 milliamps, Nigel tells me).

Muscle twitching was elicited and bilateral catheters were placed on an adult man prior to tibial osteotomies. I am also told that the man experienced severe pain (felt at the operation sites) within hours of the operation, so Nigel and I hope that the needle did not actually deliver a high current density directly to nerve fibres, which therefore may have escaped damage.

It concerns me that the connections for the two machines are identical, and therefore not foolproof (fools as above being so ingenious) and that I and your company could therefore have shared responsibility for my equipment (the leads) enabling permanent thermal nerve damage to occur to this man. I thought you ought to be informed so that you could decide to take any appropriate action.

3) After several successful "3 in 1" infusions at Royal Oldham Hospital, the other consultants are starting to be interested in the Anaestim II. I have myself used it for an axillary brachial plexus block using motor signs under general anaesthesia, which worked surprisingly well (using a one-shot, "Pole" needle) for a 31 year old man with a bad forearm fracture that was plated. If you send me any promotional material for the machine or the techniques, I can see to it that the "live wires" here get to see it. (Incidentally I think we have no Microstim equipment here.) *M72*

Yours sincerely,

P. Burridge

Dr Peter Burridge, M.B. Ch.B, FRCA.
Consultant Anaesthetist.

P.S. Cannula & needle are cleaned in 70% alcohol - 0.5% chlorhexidine.

Catheter has been used but is small enough to run through the streaky device (enclosed). I had to stuff a green needle into the shielded hub & bend it round in order to stimulate. — Results are very good if (P.T.O.)

the needle is stimulated at 0.4 milliamps. I got
hard twitching yesterday before catheter placement &
complete analgesia in the 16 yr old boy with
just 2 ml / hr of 0.25% bupivacaine with adrenaline.
Catheter is still in for 2nd overnight & will be
removed tomorrow.

I enclose the Braun instruction - which
do not suggest any nerve stimulation, or
mention the Braun stimulator - but the rep.
clearly did! I said yours was better
anyway!