Superficial and deep cervical plexus block
To the Editor:
In an article in the June 1995 AANA Journal on "Superficial and deep cervical plexus block: Technical considerations" by Masters, Castresana and Castresana, I was very interested in their approach to the superficial block.

Each of our "open hearts" receives a triple lumen and a Swan-Ganz line 1 cm apart via the left internal jugular vein. To facilitate the introduction of these lines, we do a superficial cervical block for the patient's comfort. Our method is simple. The index finger is placed in the sternal notch, and a location three finger breadths laterally and three breadths up the neck is the initial point of injection. It is important that this initial point is just posterior to the sternocleidomastoid muscle. Three milliliters of local anesthesia is injected 90 degrees to the skin to a depth of 1 cm.

Then three 1.5 inch long subcutaneous local anesthetic tracts, of 3-5 mL each, are laid in three differing directions from this starting point. The three directions require the anesthetist to: aim for the mastoid process, aim for the thyroid, and aim for the sternal notch.

The three fingers over and three up will place the initial point approximately over the body of C-4 depending on the size of the individual's fingers. The tract aimed at the mastoid follows the approximate beginnings of both the lesser occipital and the greater auricular nerves, while the tract aimed at the thyroid should numb the anterior cervical nerve. The supraclavicular nerve and any inferior branches of the anterior cervical nerve will be blocked by the tract aimed at the sternal notch. The needle used to inject the local anesthetic can then be used as a finder needle to locate the interior jugular vein for cannulation.

If a superficial cervical plexus block is done before the deep cervical plexus block for carotid endarterectomy, you will have a more comfortable patient. You will be blocking the area twice, so that if the deep cervical plexus block is not perfect, then the patient's sensory nerves will still be covered by the superficial block.

JOHN HESS, CRNA
Albuquerque, New Mexico
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1 B. Braun In-house Test, conducted March 14, 1995.
That's what Army Nurse Ruth Anderson did with her Army Reserve unit one weekend when she helped deploy an Army DEPMEDS, a portable field hospital complete with triage, E.R., O.R., and recovery room.

"The DEPMEDS is a unique situation. It's not textbook out there in the field. A nurse has to be creative and use her imagination. You learn to rely on your ability to improvise. It's an opportunity you wouldn't normally get in the civilian sector.

"Another benefit is you get to network with a variety of nurses from different backgrounds. On any given weekend you get nurses with ICU, Psych, recovery room and O.R. experience working together. It makes for a better learning experience. And for better patient care.

"The educational opportunities are incredible. I am planning to get my Master's in Nursing Anesthesia. I even convinced a co-worker to pursue her Master's in the Army Reserve."
Important safety information

- Careful patient selection is important to minimize the risk of seizures.
- Seizures may result from antagonism of the benzodiazepine by ROMAZICON (flumazenil) in these at-risk patients: chronic benzodiazepine users or abusers (who may also experience acute benzodiazepine withdrawal); patients with underlying seizure activity controlled by a benzodiazepine; patients exhibiting signs of concurrent major sedative-hypnotic withdrawal or cyclic antidepressant poisoning.
- Reports of seizures are rare in the absence of these risk factors.
- Contraindicated in patients showing signs of serious cyclic antidepressant overdose, patients who receive benzodiazepines to control potentially life-threatening conditions and patients hypersensitive to benzodiazepines or flumazenil.
- Patients should be monitored for residual effects of benzodiazepines, such as resedation and respiratory depression.
- Resedation is least likely when ROMAZICON is used to antagonize sedation produced by <10 mg midazolam.
- The initial treatment for benzodiazepine-induced hypoventilation should remain assisted ventilation.
- In healthy volunteers, ROMAZICON fully reverses hypoventilation when only a benzodiazepine is on board.
RATIONOM® (flumazenil) INJECTION

Before prescribing, please consult complete product information, a summary of which follows:

CLINICAL TRIALS: In patients whose benzodiazepine-induced conscious sedation was reversed with RATIONOM, more patients had the same level of consciousness within 1 hour as patients treated with benzodiazepines. Patients in who had received RATIONOM to reverse midazolam administration for induction and/or maintenance of anesthesia, required treatment and have been successfully managed with benzodiazepines, phenytoin or barbiturates.

DISEASE: The primary treatment of patients with serious lung disease who experience serious respiratory depression and/or cyanosis due to nonrespiratory causes is supportive care. The use of RATIONOM should be considered if the patient shows no signs of improvement or the dose of RATIONOM is increased to achieve the desired clinical effect.

RESUSCITATION: ROMAZICON should not be used with caution in patients with head injury or in patients with head injury that may require immediate intervention. Seizures may occur in patients with head injury who have been treated with benzodiazepines.

PRECAUTIONS: ROMAZICON should be withheld and the patient should be allowed to remain sedated (with ventilatory and circulatory support (see PRECAUTIONS) rather than to be resuscitated. Seizures may occur in patients with head injury who have been treated with benzodiazepines.

ADVERSE REACTIONS: The use of ROMAZICON has been associated with the occurrence of seizures. Antidepressant overdose. The use of ROMAZICON has been associated with the occurrence of seizures. Carcinogenesis, Mutagenesis, Impairment of Fertility. Carcinogenesis: No studies in animals to evaluate the carcinogenic potential of flumazenil have been conducted.

PREGNANCY: CATEGORY C. There are no adequate and well-controlled studies of the use of flumazenil in pregnant women. Flumazenil is capable of partially reversing benzodiazepine-induced sedation in the postproceedure period in humans treated with therapeutic doses of oral lorazepam for up to 2 weeks who exhibited respiratory depression or laryngospasm, and in patients who had received RATIONOM to reverse midazolam administered for induction and/or maintenance of anesthesia.