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## AirPods Among Anesthesiologists: A Sibling-Authors' Perspective

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# AirPods Among Anesthesiologists: A Sibling-Authors' Perspective

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## My opinion

AirPods and similar wireless earbuds (WLEBs) are commonplace now-a-days. Our question is regarding safety of WLEBs-use by anesthesiologists [1]. The question of safety is not only for anesthesiologists as WLEBs-users but also for WLEBs-using anesthesiologists' patients. We hereby raise our concerns about WLEBs-use while delivering anesthesia care. Firstly, in spite of their manufacturers' claims, WLEBs can always fall out, and when they do, the anesthesiologists may be medicolegally liable for WLEBs-related adverse events. The major event that can happen is WLEBs-falling into sedated/anesthetized patients' upper airways risking aspiration into lower airways especially during induction of and emergence from general anesthesia. It is not clear how much the unclear recommendations by Association of periOperative Registered Nurses and American Society of Anesthesiologists regarding wearing earrings and covering ears completely with bouffant caps may come in handy [2-3]. Interestingly, the earrings (or WLEBs) worn by surgeons/proceduralists falling into sterile surgical field may only risk the retained unsterile foreign bodies unless the sterile surgical field also includes patient's airway like during otorhinolaryngology procedures. However, anesthesiologists' workspace always includes patients' airways; therefore, falling out of their WLEBs may be more likely to risk potential aspiration into patients' airways. Secondly, anesthesiologists' ears have developed personal instincts to remain variably attuned to anesthesia monitors' noises and alarms because what they hear makes them to look for why they are hearing what they are hearing [4]. Herein, exponentially superior quality WLEBs can "silence" much needed noises and alarms of anesthesia monitors thus compromising patient safety [5]. It may not be that anesthesiologists intentionally wear WLEBs during direct anesthesia care. However, with WLEBs ever-evolving as an inseparable miniature accessory [6], tech-savvy anesthesiologists may forget to take them off before moving on to deliver direct anesthesia care. This may be concerning to their patients (a) whose privacy may be audibly compromised if anesthesiologists' WLEBs

are inadvertently transmitting conversations to overhearing parties/entities, and (b) who may feel offended when assuming that WLEBs-wearing anesthesiologists are not intently listening to them and their concerns. Interestingly, it may be concerning to anesthesiologists as well who may feel the same if their patients are wearing WLEBs during their conversations with them. Finally, the minor challenges for WLEBs-wearing anesthesiologists can be (a) WLEBs-induced potential medical device interference if their patients' devices are within 6inches/15cm to their WLEBs [1], and (b) WLEBs-induced potential electrostatic discharge/shock to themselves considering that operating rooms' minimum relative humidity (RH) standard allows 20% RH when RH below 40% is known to intensify electrostatic charges within the environment followed by incremental risk for electrostatic discharge/shock [7-8]. Summarily, limits of WLEBs-usage by anesthesiologists may have to be included in updated recommendations by perioperative policymakers as well as WLEBs-manufacturers.

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