Ipod Touch A Useful Tool For Practicing Minimally Invasive Anesthesia

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My opinion

Music therapy in the operating room has its proponents and opponents (1-6). We report a case that was being performed under axillary block and the anesthesia team’s personal iPod touch® was put to good use for keeping the anesthesia minimally invasive.

A 30-year-old female was scheduled to have right thumb's tendons and nerve repair under axillary block. The patient was anxious preoperatively that she will be awake and watch the surgical procedure. The team explained to her that though she will be awake, there will be an anesthesia screen that will keep the operating site and operating procedure out of her view. The patient received axillary block under ultrasound guidance with good identification of median, radial, ulnar and musculocutaneous nerves. However, the local surgical site had partial anesthesia and it was decided to infiltrate local anesthetics in the skin. Henceforth, the patient reported complete anesthesia at the surgical site and the surgery was started. However, she became more vigilant for any sensations at the surgical site. At this time, as per routine, the surgical team switched on their music system at audible but soothing volume. The anesthesia team asked the patient whether she was comfortable with the music. She misunderstood and told the anesthesia team that she liked to hear a particular jazz music radio station. Now, the anesthesia team was caught off guard as the surgical team was acclimatized to a particular music theme to help them operate efficiently, and the patient's choice of music might not have matched their tastes. The anesthesia team’s personal iPod touch® came up as an effective solution. The iPod touch® was connected to the Powerball™ mobile electrical outlet mounted on the IV pole and then web-connected to the institutional Wi-Fi to access the smooth instrumental jazz music station as requested by the patient. The disposable earphones were not available and if available, would have interfered in the patient-anesthetist communication. Therefore, the anesthesia team was able to avoid the sedatives altogether and the patient did not complain low satisfaction scores for her operating room experience.

The aforementioned case illustrates that the anesthesia team can practice minimally invasive anesthesia® when (1) they pre-operatively counsel the patient about the expected intra-operative experience including the state of wakefulness, the state of awareness of the surroundings, and the comprehensive communication across the anesthesia screen, (2) they monitor the operating environment’s noise including the monitors' alarm volumes, the noise generated by the surgical instruments, the pleasantness of the verbal exchanges among the operating room team members, and the music in the operating room, and (3) they provide the alternative methods for allaying the intra-operative anxiety such as the communication-in-continuum as requested and required by the awake, alert and oriented patient with the pleasant patient-chosen music playing in the background.

Conclusion

In conclusion, the intra-operative experience of the patient who undergoes operative procedure that per se does not require the loss of consciousness and loss of patient’s control of bodily functions can be improved with good patient-anesthetist communication and maintenance of adequate patient comfort who is awake, aware, alert, oriented and educated-informed to the intra-operative environment.

Reference(s)


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