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BERTRAND C., HEMERY F., CARLI P., GOLDSTEIN P., ESPESSON C., RUTTIMANN M., MACHER J.M., RAFFY B., FUSTER P., DOLVECK F., ROZENBERG A., LECARPENTIER E., DUVALDESTIN P., SAISSY J.M., BOUSSIGNAC G., BROCHARD L.

Constant flow insufflation of oxygen as the sole mode of ventilation during out-of-hospital cardiac arrest.

Intens. Care Med., 32 (6), 843-851, 2006

(Services cités : Anesthésie Adulte, SAMU)

BACKGROUND: Constant flow insufflation of oxygen (CFIO) through a Boussignac multichannel endotracheal tube has been reported to be an efficient ventilatory method during chest massage for cardiac arrest. **METHODS:** Patients resuscitated for out-of-hospital cardiac arrest were randomly assigned to standard endotracheal intubation and mechanical ventilation (MV; n[Symbol: see text]=[Symbol: see text]457) or use of CFIO at a flow rate of 15[Symbol: see text]/min (n[Symbol: see text]=[Symbol: see text]487). Continuous chest compressions were similar in the two groups. Pulse oximetry level was recorded every 5[Symbol: see text]min. Outcome of initial resuscitation, hospital admission, complications, and discharge from the intensive care unit (ICU) were analyzed. The randomization scheme was changed during the study, but the in-depth analysis was performed only on the first cohort of 341 patients with CFIO and 355 with MV, because of randomization problems in the second part. **RESULTS:** No difference in outcome was noted regarding return to spontaneous circulation (CFIO 21%, MV 20%), hospital admission (CFIO 17%, MV 16%), or ICU discharge (CFIO 2.4%, MV 2.3%). The level of detectable pulse saturation and the proportion of patients with saturation above 70% were higher with CFIO. Ten patients with MV but only one with CFIO had rib fractures. **CONCLUSIONS:** CFIO is a simplified alternative to MV, with favorable effects regarding oxygenation and fewer complications, as observed in this group of patients with desperate prognosis.

2000

CHRETIEN Y., MEJEAN A., CAZALAA J.B., DUFOUR B.

Conservative surgical techniques in the treatment of kidney tumors.

Prog. Urol., 10 (1), 134-141, 2000

(Services cités : Urologie, Anesthésie Adulte)

Several conservative operations are available for renal tumours. This article describes the anatomical bases, the measures designed to protect the parenchyma from ischaemia and the various resection techniques. Wedge resection is described in detail, as it appears to be the most rigorous technique. [References: 29]

1999

CAZALAA J.B.

The Medical Device Surveillance Central Commission. Evaluation and perspectives.
Ann. Fr. Anesth. Réanim., 18 (2), 249-254, 1999

(Services cités : Anesthésie Adulte)

In France, a national surveillance commission for medical devices ("Commission de Materiovigilance") functions to a) analyse declarations of incidents/accidents occurring or liable to occur with medical devices; b) propose preventive measures; c) propose surveys or studies concerning the practice of materiovigilance. One of the eight sub-commissions is in charge of the problems raised by devices used in anaesthesia and intensive therapy. The commission considered 406 alarm forms in 1996, 986 in 1997 and 1,200 were expected to arrive in 1998. This strong increase is observed because users of medical devices have become aware that declaration of incidents/accidents has become compulsory and because of the medico-legal risk. With the generalisation of local correspondents for materiovigilance and their filtering office, the amount of significant declarations reaching the national commission is expected to decrease. Among the 624 fully processed "alarm forms", at the time of writing this article, 407 (65%) were incidents without or only with minor consequences, 206 (33%) were significant accidents and 11 (2%) were associated with a lethal outcome. Non compliance with the instructions for use and a failure of the device were the main causes for incidents/accidents. Major corrective measures were mainly taken for misconceptions and quality insurance in production of the devices.