PROPANIDID ALONE FOR ANTRAL WASHOUT IN ADULTS

BY

D. L. SCOTT

SUMMARY

A technique using propanidid as the sole anaesthetic for antral washout in adult day cases is described. Clinical experiences with 80 washouts in 70 patients, the side effects and contraindications are discussed. A patient acceptance rate of over 90 per cent was achieved.

In November 1967, I described the use of propanidid as the sole anaesthetic for antral washout in adult cases (Scott, 1967). This technique has been used on 80 occasions to date.

TECHNIQUE

Patients were unpremedicated and fasting. The majority walked to the theatre with an escort. The method was briefly explained to the patient in simple terms. It was stressed that the procedure would be painless as the cannulae would be inserted while he was asleep, but that the actual washing out would be done while he was waking up. He would be asked to swallow if he felt any fluid in his mouth. Finally, he was informed that he probably would not remember any part of the procedure.

The fact that the pharyngeal and swallowing reflexes return before the full return of consciousness enables the washout to be performed with safety during this period.

Anaesthesia was induced with undiluted propanidid injected into a large vein during about 15 seconds. Dosage was based on the guide published by the manufacturers, 6–7 mg/kg being given to healthy adults; experience showed that a maximum dose of 500 mg was adequate. The cannulae were inserted during the period of hyperpnoea. It had been found imperative to hold the head steady both during the insertion of the cannulae as well as during the washout (which was carried out with the head turned to one side and after the swallowing reflex returned, i.e. often before the return of full consciousness).

During the washout clear and repeated instructions to “swallow now” were given (hearing is the first sense to return). When the patient was fully awake he generally walked with support to a chair outside the theatre, and after a short rest back to the ward.

MATERIAL

A consecutive series of 80 antral washouts carried out in the operating theatre on 70 patients (aged 15–62 years) during the period from November 1967 to February 1970 is described. There were 31 men (average age 30 years) and 39 women (average age 38 years).

All patients were given a questionnaire to complete. The first question on this was: “Did you have any recollection of the actual washing out?” The replies were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No”</td>
<td>25</td>
<td>30</td>
<td>55</td>
<td>69</td>
</tr>
<tr>
<td>Vague</td>
<td>3</td>
<td>10</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>“Yes”</td>
<td>7</td>
<td>5</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>

Of the 12 patients who recollected the procedure, 10 described it as “satisfactory”, and only 2 described it as “frankly unpleasant”.

The patients were also asked: “If you had to have another antral washout performed would you: (a) Choose this same anaesthetic procedure to enable you to go home the same day? or (b) Be anaesthetized for the whole operation and spend one night in hospital?”

Referring again to the 12 patients above, the 10 who found the procedure “satisfactory” chose (a). The other 2 stated that they would rather be fully anaesthetized; awareness of the actual washing out was their main objection.

Of the 70 patients anaesthetized, 64 (92 per cent) chose the same anaesthetic procedure for any future antral washouts. Of the 6 preferring a full general anaesthetic, 2 have already been mentioned. Two youths, both aged 16, felt “groggy” postoperatively and reported severe headaches. A lady aged 28 also complained of a very severe headache and the oldest person in the series, a woman aged 62, complained of all side effects—headache, nausea and a sore arm.

Side effects.

The following side effects were reported:

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Headache</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Sore arm</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

The incidence of nausea and vomiting is slight and agrees with the figures given by Clark and Swerdiow (1966), who reported 2 cases of nausea and 3 of vomiting in 200 administrations of propanidid. The high incidence of headache is almost certainly due to the nature of the procedure and may have been a main reason why some patients expressed a preference for a full general anaesthetic. Five patients complained of a sore arm; this was described as “slight” by three. No thrombophlebitis was noted. No complications occurred in the operating theatre during the actual washout and there was no instance of failure of the patient adequately to clear his mouth of any fluid.

DISCUSSION

The technique described above has been found safe and practical for antral washout in adult day cases. The patient acceptance rate was over 90 per cent. There was a very low incidence of nausea and vomiting but a high incidence of headache. Avoidance of an overnight stay makes possible a considerable saving in hospital running costs.

An adequate and simple explanation to the patient of what he is to expect and how he is to co-operate is essential for a successful result. Nervous patients fared better than had been originally anticipated. Deafness is a disadvantage. Persons under 17 and over 60 would probably justify a full general anaesthetic.

ACKNOWLEDGEMENTS

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REFERENCES

Scott, D. L. (1967). Propanidid as the sole anaesthetic agent for antral washout in adult day cases. (Correspondence.) Brit. J. Anaesth., 39, 894.