



Call for Standalone Clear Anesthesia Screen Drape

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My opinion

Someone once said that the best monitor for the anesthesia provider is the direct visualization of surgical field itself. Even though it can be considered an overstatement in the modern digitally monitored operating rooms, direct visualization of surgical field despite being so-called old school method does not lose its shine as an important anesthesia monitor even in modernized operating rooms. Although the "ether screen" allows direct patient access for anesthesia monitoring and anesthesia interventions, the opaque anesthesia screen drape itself hinders the direct visualization of surgical field unless the anesthesia provider peeps over and above the upper margin of opaque anesthesia screen drape which is usually clamped to intravenous fluid pole stands on either sides of the operating room table. Therefore, we are calling for standalone clear anesthesia screen drapes wherein standalone clear anesthesia screen drapes will have to have strong adhesive containing lower margin so as to strongly adhere to any surgical drape covering the patient because the absence of the strong adhesion between standalone clear anesthesia screen drapes and other surgical drapes will create concerns for breach in the sterile surgical field by creating communication channels across the incompletely adhered lower margin of standalone clear anesthesia screen drape unless all surgical drapes can be modeled on Cesarean section dual layer anesthesia screen [1] wherein clear anesthesia screen drape can be covered with retractable opaque anesthesia screen drape window to match and balance the needs of vigilant personnel with the worries of distracted personnel. Clear anesthesia screen drapes integrated by machines (mechanically woven) into other surgical drapes may not have to worry about strongly adhering lower margins and thereby precluding the dependence on surgical teams to appropriately adhere the standalone clear anesthesia screen drapes with their other surgical drapes. However, each of these integrated clear anesthesia screen drapes will have to be further classified into four versions: head-end screen drape version, right-side screen drape version, left-side screen drape version and foot-end screen drape version depending on (a) the needs of the surgical site, (b) ergonomics of the operating rooms and (c)

preferences of the surgeons which all independently and collectively decide wherein the anesthesia personnel and their workstations will fit in: head-end or right-side or left-side or foot-end of their patients. Therefore, it seems that it will be better to develop standalone clear anesthesia screen drapes and then effectively train and re-train the surgical teams to apply them appropriately so that clear anesthesia screen drapes are able to last for the entire duration of surgeries without breaching the sterility of surgical fields.

Some pros of standalone clear anesthesia screen drapes:

- Their larger heights may ensure better barrier between the non-sterile anesthesia field and the sterile surgical field considering the potential cessation of requirement for anesthesia providers to peep over and above the upper margins of so highly clamped standalone clear anesthesia screen drapes.
- Their larger widths (say 150 inches as compared to current 106 inches or 134 inches) may allow constant visibility of whole head, neck and upper arms of the anesthetized patients especially when these standalone clear anesthesia screen drapes are draping the head-ends of the anesthetized patients even though the visualization of whole head, neck and upper arms of the anesthetized patients may be blocked by the opaque surgical drapes lying beneath the standalone clear anesthesia screen drapes.
- Their provisions for constant, easier and broader visibility of surgical field for anesthesia providers may help them to be much more involved with the intraoperative processes than they already are.

Some cons of standalone clear anesthesia screen drapes:

- Their increased costs secondary to changes in manufacturing materials as required for clear screen drapes as compared to opaque screen drapes may act as deterrent for healthcare facilities to embrace standalone clear anesthesia screen drapes freely thus precluding their manufacturers to develop them proactively.
- Their clear non-adsorbent and non-absorbent surfaces may worry surgical teams regarding their interference with adequate visual quantification when getting soiled with blood, secretions and solutions.
- Their clear surfaces may act as two-way streets wherein not only there will be more vigilance of anesthesia personnel over the surgical fields but also there will be more oversight of anesthesia personnel by the rest of intraoperative surgical and nursing teams.
- Their clear surfaces may act as distractions for the surgical teams whose focus from surgical fields can

get dragged towards anesthesia fields especially towards anesthesia personnel and their expected and unexpected (warranted and unwarranted) activities behind the standalone clear anesthesia screen drapes.

- Their provision for changing the routine mostly opaque setup to constantly transparent setup may be disruptive for surgical teams as well as anesthesia teams wherein clinically operating room environments may potentially become worse initially before they are allowed to adapt and become better unless the drivers of operating room environments prematurely decide to give up on standalone clear anesthesia screen drapes.Å

Summarily, even though standalone clear anesthesia screen drapes may seem redundant to be used during robotic, laparoscopic, endoscopic and microscopic surgeries wherein their monitors directly show the surgical fields through live cameras, it is no harm to exclusively use standalone clear anesthesia screen drapes in all the surgeries unless it happens in the future that the anesthesia providers are able to develop non-recording cameras with large monitors mounted on the intravenous fluid pole stands to directly relay the live video feeds from surgical fields to anesthesia fields constantly and easily. Interestingly, the attenuated sound communications between anesthesia teams and surgical teams across too high standalone clear anesthesia screen drapes may be overcompensated by heightened visual awareness across too transparent standalone clear anesthesia screen drapes preempting actions by the anesthesia teams as timely responses to visible evolution of surgical procedural steps by the surgical teams happening in real time right in front of their eyes across standalone clear anesthesia screen drapes.

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