

## *Letter to the editor*

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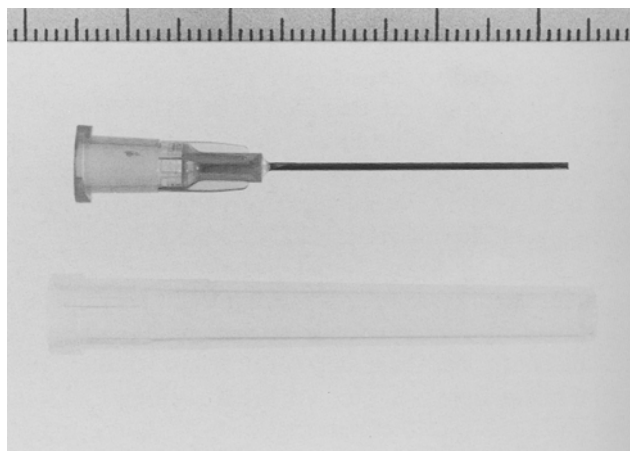
### **The use of obtuse needles in aspirating drugs from ampules in the practice of anesthesia**

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*To the editor:* Risks of needlestick injuries and needle stick-transmitted diseases in the practice of anesthesia have been reported [1,2]. Many needleless or protected-needle devices have been developed to reduce the risk of infections [3,4]. However, there has been little debate over unnecessary use of acute needles in aspirating drugs from ampules. We use acute needles for transcutaneous access including venipuncture or arterial catheterization during the anesthetic induction period. Afterwards, drugs are administered and arterial blood samples are taken, usually through the stopcocks. At the moment there are few occasions when we have to use acute needles during anesthetic management. However, we are forced to use acute needles even in aspirating drug from ampules, because obtuse needles for that purpose are not yet available. Consequently we are liable to prick our fingers instead of aspirating the drug. To make matters worse, such a form of injury often occurs when haste is required in preparing the drug to help our patient. To reduce this type of unpleasant risk, we have developed the sterilized obtuse needle (Fig. 1). Although the idea is very simple, it promises a lot of benefit to us and our occupational environment. We recommend to anesthesiologists extensive use of this obtuse needle. It could cost much less than acute needles if large-scale production was undertaken by manufacturers.



**Fig. 1.** An obtuse needle (21 gauge and 3.0cm length) and its cap

### **References**

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