

In Vivo

Correspondence from Our Readers

Dear Sir:

We at St. Joseph's Hospital, Milwaukee, Wisconsin, are desirous of obtaining a second man to participate in running the Sarns pump during cardiovascular surgery. At the present time we have been working approximately one year at St. Joseph's Hospital, although elsewhere prior to that time. Our work load is low, but building. Our present technician anticipates going into private business in approximately one year, and, accordingly, the man we are seeking must have the ability to function independently.

Sincerely yours,

Raymond R. Watson, M.D.
2266 North Prospect Avenue
Milwaukee, Wisconsin 53202
Telephone 273-7553

Dear Sir:

I read your Journal editorial (Fall 1970) concerning the goals of AmSect with regard to 'Intrasociety' communication with great interest. Since we are also presently in the process of establishing guidelines and recommendations for existing and future programs of Cardiopulmonary Technology and a national registry, I feel we must be facing the same challenges and problems.

Because the background knowledge and responsibilities of our members overlap a great deal (I happen to be a pump tech), it would seem a great waste of facilities, ideas, and educators to duplicate all our efforts along the lines of core curriculum and technical experience.

I enjoy your Journal very much and look forward to attending at least part of your next Annual Meeting to be held in the Midwest.

Sincerely,

Leslie Katzman R.N. C.V.T.
Member, National Education Committee
National Society of Cardiopulmonary Technologists
Methodist Hospital of Madison

A. H. A. Special Reports

Highlights of the 1970 Scientific Sessions in Atlantic City

Medical Team Reports New Success In Repairing "Blue Baby" Defect

Dr. Welton M. Gersony attributed the team's success to refined surgical techniques and improved medical management.

The surgery requires the use of a specially modified heart-lung machine which takes over the job of pumping blood to the body, leaving surgeons free to operate on a bloodless heart.

The operation requires one to two hours, said Dr. Gersony, and involves reconnecting the pulmonary veins to the left atrium and closing the hole between the two upper chambers.

The surgeons also made sure to create a very large orifice where the pulmonary vein and left atrium were re-connected. This was to guarantee adequate blood drainage from the lungs back to the heart, so that there would be no more lung congestion. They also buffered blood during surgery so as to maintain careful balance of the delicate acid-base levels.

And following surgery, all infants were routinely maintained with artificial respiratory support for 12 to 36 hours to keep the now-clear lungs from getting tired. Furthermore, intravenous fluids were kept to a minimum to allow the re-connection to take hold and, again, to avoid congestion.