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A waking nightmare: how can we avoid accidental awareness during general anaesthesia?
Anaesthesia awareness is a terrifying prospect for any patient undergoing a surgical procedure and can cause considerable physical and psychological distress. The aim of this article by Kerry MacGregor is to review and analyse practical measures for avoiding anaesthesia awareness which would be of benefit to both anaesthetists and anaesthetic practitioners. Recommendations to reduce the risk of anaesthesia awareness include: undertaking a thorough preoperative assessment; ensuring that equipment has been checked; reducing drug error; consistent monitoring; and investment into safer technology. By implementing these recommendations it is hoped that patient safety and care can be improved during clinical anaesthesia

191 OPEN LEARNING ZONE
Understanding arterial blood gases
In this Open Learning Zone article Katherine Rogers and Karen McCutcheon examine acid-base balance and the interpretation of arterial blood gases (ABG). The article begins with a brief revision of related physiology followed by a description of the primary disorders of acid-base balance. The normal ranges and the significance of abnormal ABG results are explored. The article concludes by providing an easy to follow four-step guide to ABG interpretation with practice examples presented in the continuing professional development task section

198 CLINICAL FEATURE
Do current methods for endotracheal tube cuff inflation create pressures above the recommended range? A review of the evidence
Inflation and measurement of endotracheal tube cuff pressure is often not seen as a critical aspect of care in surgical patients. The morbidity associated by an overinflated cuff is constantly highlighted in literature, for example mucosal ulceration (Combes et al 2001) and vocal cord paralysis (Holly & Gildea 1971). Techniques for the methods of inflation will be given based on the latest scientific evidence.

202 CLINICAL FEATURE
The role of navigation in total knee replacement surgery
James Min-Leong Wong, Wasim Khan and Joyti Saksena discuss the role of navigation in total knee replacement surgery. Since the introduction of modern implants in the 1970s, total knee replacement surgery has been a great clinical and commercial success. Implants and techniques have continued to evolve, driven by the desire for improved function and longevity. However, inaccurate insertion of these implants may cause them to loosen and fail. Computer navigation has been introduced as a modification to existing surgical techniques to improve the accuracy with which the bones are cut prior to inserting the knee replacement implants. Research continues to see if this potentially costly and time consuming technique can contribute to improved longevity of knee replacements

208 THE NAME BEHIND THE DISEASE
Moritz (Maurice) Kaposi: Kaposi’s sarcoma
Every day we use the eponymous names of many diseases and injuries, but how many of you know much about the person behind the name? Professor Harold Ellis continues this series with Moritz Kaposi

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