Use of peripheral vessels for exchange transfusion

Sr.,—I would like to congratulate Fok et al for reminding us again in a documented way that there is no need for exchange transfusions to be carried out 'the conventional way'.

For the past six to seven years we have also used peripheral vessels for exchange transfusions as the preferred route particularly in ill preterm infants, and I would entirely concur with the authors' comments and insular view. I would like to recommend a modification of their technique, however, which requires only one operator/observer, an important advantage in a busy neonatal unit. Two syringe pumps are required. The first is used to deliver blood through the peripheral vein. The second is modified and its action is reversed (that is, it pulls the syringe plunger) and is used to withdraw blood through the peripheral artery at the same rate chosen for the former. If such a modification is impossible then the operator withdraws blood through the artery at precisely the rate of the syringe pump. By using two syringe pumps, however, the movement of the plunger is more even and smoother and the likelihood of extravasation of blood and arterial spasm is minimised. There is one potential limitation of this suggestion, i.e., the need to move away from the baby and let 'the system run on its own.'

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Reflux vomiting

Sr.,—In his comprehensive review of reflux vomiting Dr P J Mills suggests that the prone head raised position is the most effective therapeutic position and cites references to support this.1 Yet in the first direct comparison of the prone flat and prone head raised (30 degrees) positions it has been shown that the flat position is just as effective.2 This is an important practical observation. In the past, by a variety of methods, much effort has been spent maintaining infants in the raised position which we now know to be unnecessary.

This is good news for both nurses and parents!

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