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Letter to the editor

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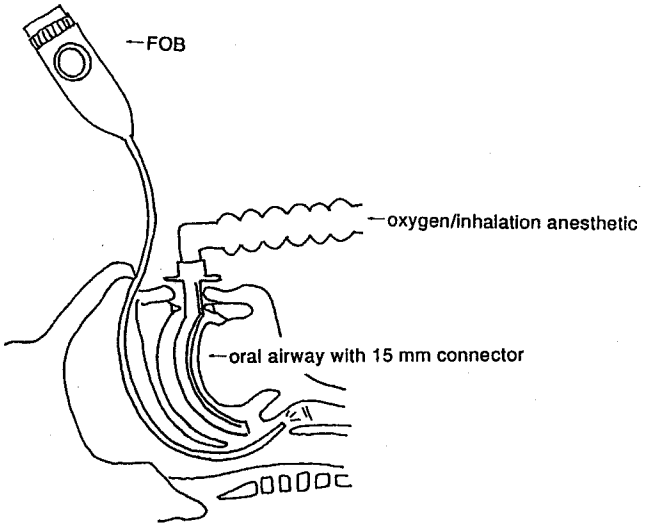
To the Editor: A slight modification of a technique using a small item can make the anesthetic procedure extremely smooth and safe. I would like to introduce such a device, the Guedel oral airway with a 15-mm connector, which I find useful during nasal fiberoptic tracheal intubation in both awake and anesthetized patients. Fiberoptic laryngoscopy and intubation is now being increasingly performed for patients with normal as well as difficult airways. When this procedure is done under intravenous sedation/analgesia using benzodiazepines and/or opioids, oxygen should be given to prevent significant hypoxia associated with respiratory depression. On the other hand, when general inhalation anesthesia is used during fiberoptic airway instrumentation, the problem is how to simultaneously maintain sufficient levels of anesthesia, oxygenation, and ventilation. Although a special anesthetic mask with a hole through which a fiberoptic bronchoscope can be introduced is available, an extra pair of hands is needed to keep a good fit on the patient's face and to maintain airway patency. The oral airway with tracheal tube connector may be a convenient alternative to the special mask. A patient well tolerates insertion of this airway after good topical anesthesia of the oral cavity is obtained. The airway can be connected to the anesthetic circuit, making it possible to administer a high concentration of oxygen and/or anesthetic vapor. It also prevents the tongue from falling onto the posterior pharynx, thereby helping to maintain an unobstructed airway. It is also possible to perform positive pressure ventilation by occluding the patent nostril and taping the mouth closed. In such a case, it is optional to paralyze a patient when the glottis is identified and the anes-



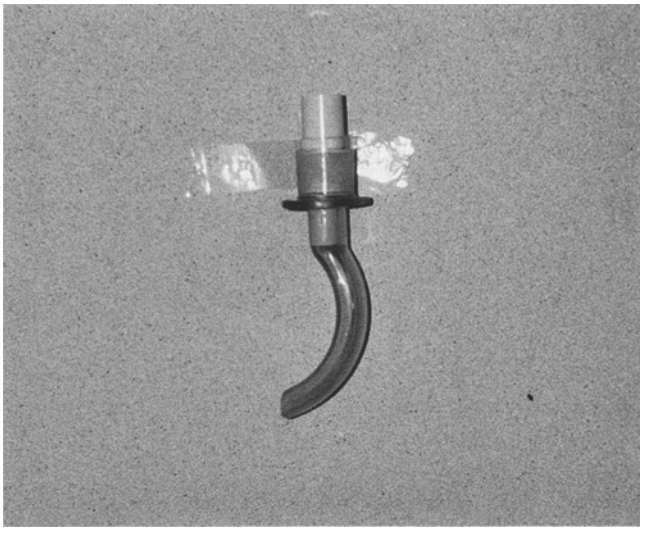


Fig. 1. A fiberoptic bronchoscope (FOB) can be introduced into the trachea while airway patency is maintained by oral airway, which is connected to respiratory circuit, making it possible to give oxygen and/or inhalation anesthetic

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thesiologist is ready to put the bronchoscope down into the trachea, to prevent the patient's bucking or laryngospasm. This airway with a 15-mm connector is not being distributed in the Japanese market at the moment, but it is available on request from Portex Limited, Hythe, Kent, CT21 6JL, UK.