Letters to the editor

A Bullard laryngoscope holder for bedside use

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Use of the Bullard laryngoscope (BL; Circon Corporation, Stanford, CT, USA) is a trustworthy countermeasure when endotracheal intubation is expected or found to be difficult [1]. Ease of handling is important for the effective employment of the BL. However, the BL itself is rather hard to handle due to its peculiar anatomical shape. A temporary holding aid is required to facilitate the bedside use of the BL. We specifically designed a helpful holder, named the Bullard mate, to put beside the BL temporarily before and after endotracheal intubation. It is made of stainless steel and is composed of a basal seat and a vertical pole (Fig. 1). The two portions of the BL body lean against the two hooks connected to the vertical pole. The root of the ocular arm is fixed firmly, and in contrast, the laryngeal blade is held lightly. It is designed neither for attaching the BL in the middle of intubation nor for storing the BL on the shelf. It keeps the styletted tube clean and safe before intubation and also holds the BL smeared with a patient's saliva after the intubation has been completed. The Bullard mate can be sterilized readily in its normal configuration and is easily transportable to a bedside setting, which enhances its convenience during use in daily clinical anesthesia. We have used the Bullard mate easily and safely in endotracheal intubation by means of the BL in more than 860 adult patients. We believe that it is a valuable aid for anesthetists during the bedside use of the BL.

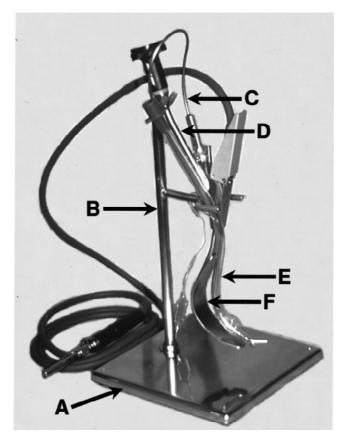


Fig. 1. Photograph of the Bullard mate holding the Bullard laryngoscope with a styletted endotracheal tube. The Bullard mate consists of two components: a heavy stable basal seat (180 by 180 mm) and a supporting pole (height, 270 mm) vertically fixed to the seat. It supports the Bullard laryngoscope at two points. A, Basal seat; B, supporting pole; C, adult introducing stylet; D, ocular arm; E, styletted endotracheal tube; F, laryngoscope blade

References

 Watts AD, Gelb AW, Bach DB, Pelz DM (1997) Comparison of the Bullard and Macintosh laryngoscopes for endotracheal intubation of patients with a potential cervical spine injury. Anesthesiology 87:1335–1342