To the Editor:—Various ways to illuminate the laryngeal structures in case of a failure of the laryngoscope light have been described. In a report of 1935, a modified Magill’s forceps is used. Later publications recommend external light sources such as a pencil torch and a head light. We suggest the use of a pocket flashlight as a spare light source inside a laryngoscope with fiberoptic light transmission.

In the unlikely event of a failure of both available laryngoscopes, the battery pack and light bulb of one of the laryngoscopes are removed from the handle. The flashlight is switched on and focused, and then firmly inserted into the handle and held in place with the hand holding the laryngoscope, or it is secured with a tape (fig. 1). The brightness of this construction is comparable with that produced by a properly functioning laryngoscope and provides a sufficient view of the larynx. The replacement of the light source takes only a few seconds; the assistance of trained or untrained personnel is, in contrast to other recommendations, not necessary. It should be noted, however, that this method requires intact optic fibers and obviously does not work with "bulb-on-blade"-type laryngoscopes.

The flashlight should have a bright, focusable light beam and a diameter between 25 and 28 mm to fit properly into a laryngoscope with a C-cell battery pack. Its length should exceed that of the laryngoscope handle to allow a tight fixing. We use a Mini MagliteTM size AA flashlight (Mag Instrument, Inc., Ontario, CA) for this purpose. Because this type of flashlight frequently is used for patient examination in our department (including the testing of tendon reflexes) and therefore often at hand, we believe this suggestion can be helpful.

Michael Przemeck, M.D.
Burkhard Vangerow, M.D.
Bernhard Panning, M.D.
Abt. Anaesthesiologie I
Medizinische Hochschule Hannover
30623 Hannover
Germany

References


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