Correspondence

Fig. 2. Tips of a conventional (top) and an improved (bottom) left-sided Broncho-Cath.

tully to prevent obstructing the carina and right mainstem bronchus (fig. 2).

In a study of 16 patients, we found that these modifications allowed easier fiberoptic visualization of the left upper lobe bronchus and increased the margin of safety for obstruction of the same bronchus. Theoretically, insertion of a mDLT could be slightly more difficult or cause bronchial wall trauma from the leading edge of the endobronchial tube. We had no difficulty in positioning the mDLT in this study.

We think a carinal hook is unnecessary because the tracheal lumen tip can function as a carinal hook. Dislodgement intraoperatively should, theoretically, be easier to treat. Because the tracheal lumen tip prevents excess caudal movement, if the tube becomes dislodged, it should merely be advanced until gentle resistance to movement is felt. It should then be pulled back 1 cm. When right lung ventilation is restored, the tracheal lumen tip has been reseated.

Naoki Yahagi, M.D.
Staff
Surgical Intensive Care Unit
National Cardiovascular Center

Hitoshi Furuya, M.D.
Associate Professor
Department of Anesthesiology
Nara Medical University

Junko Matsui, M.D.
Staff Anesthesiologist
Department of Anesthesiology
Shiga University of Medical Science

Yoshikazu Sai, M.D.
Assistant Professor
Department of Anesthesiology and Intensive Care Unit
Shiga University of Medical Science

Yoshikuni Amakata, M.D.
Professor and Chairman
Department of Anesthesiology and Intensive Care Unit
Shiga University of Medical Science

Keiji Kumon, M.D.
Chief
Surgical Intensive Care Unit
National Cardiovascular Center
Suta, Osaka 565, Japan

References

(Accepted for publication May 25, 1994.)

In Reply:—We are pleased to hear of Yahagi et al.’s successful study using Broncho-Cath left endobronchial tubes with modified tip. His findings agree with other preference studies of this design conducted by investigators around the world. Similar preferences were expressed in earlier work by Benumof and again by Klippel et al. and also by Desai and Rocke and Affery. These minor modifications reduce the variability typical in past forms of the time-tested Roberts’ design and are intended to facilitate the practice of fiberoptic bronchoscopy to guide the placement of double-lumen tubes. We are grateful for the contributions of Yahagi et al. and other investigators in this work.

Robert A. Virag
Director, Research and Development
Malinckrodt Medical, Inc.
675 McDonnell Boulevard

Anesthesiology, V 81, No 3, Sep 1994

P.O. Box 5840
St. Louis, Missouri 63134

References

(Accepted for publication May 25, 1994.)