CORRESPONDENCE

Bloodless Turbinectomy Following Blind Nasal Intubation: Faulty Technique?

To the Editor—Cooper reported ‘middle turbinectomy’ following nasal intubation. Anesthesiologists should be aware that this is a rare but unacceptable complication of nasal intubation.

With correct technique of nasal intubation, the middle turbinate should never be contacted by an endotracheal tube. It should pass between the inferior turbinate and the floor of the nasal cavity, where there is maximum area to accommodate it.

When an endotracheal tube is being inserted through the nostril’s opening, its bevel should be directed laterally so as to direct its leading edge away from the superior, middle, and inferior turbinates. Then before it is advanced, it should be pulled cephalad (fig. 1). Doing so directs its bevel so that it is advanced along the floor of the nasal cavity and below the inferior turbinate. When it is judged that the tip of the tube has passed the uvula, the exposed part of the endotracheal tube, which has not passed the nostril, is returned to its normal curvature. Then the tube is advanced toward the larynx.

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REFERENCE
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