Caution When Using a Tubex Cartridge Without the Injector

To the Editor:—In his letter to the editor, Dr. Kovac recommends that the barrel of a 1-cc tuberculin syringe be used as a “plunger” for Tubex* cartridge-needle units when a Tubex Injector device is not available.

The Tubex system is a closed injection system that consists of two parts that are specifically designed and precisely manufactured to be used together. The first of these is a glass cartridge, with a sterile needle affixed to one end, which is prefilled under sterile conditions with a unit dose of medication; the second is a syringe, or injector, that holds the cartridge-needle unit and permits the operator to inject its contents parenterally.

This letter is to advise your readers that these two components are expressly intended to be used together and neither one should ever be used with some other manufactured or homemade device in an attempt to administer a parenteral injection. Aside from the probability that such substitutions will not work efficiently or adequately, there is the more serious concern that they will result in injury to the patient and/or the operator. The latter is especially pertinent with respect to Dr. Kovac’s recommendation; the possibility that the glass barrel of a tuberculin syringe will break or shatter during the course of an injection is very real, especially if extrusion should become difficult for any reason.

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REFERENCE
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A New Adapter for Fiberoptic Endotracheal Intubation for Anesthetized Patients

To the Editor:—Fiberoptic endotracheal intubation in anesthetized patients may be difficult, because of the need to simultaneously maintain ventilation and anesthesia. To reduce this difficulty, Patil et al. described an endoscopic mask with a diaphragm through which the bronchoscope could be inserted. However, Zornow et al. reported aspiration of a fragment of the diaphragm during fiberoptic-assisted intubation with this mask.

We developed a new mask adapter for fiberoptic endotracheal intubation for anesthetized patients.

This new device is made of vinyl-chloride, measures 7 × 5 × 5.5 cm, and weighs 42 g (fig. 1). It consists of two parts: 1) a rotating disc, which possesses a port, permitting introduction of a fiberoptic bronchoscope into the airway without the loss of the seal required for positive-pressure ventilation; and 2) the body of the adapter, which attaches

FIG. 1. A new adapter for fiberoptic endotracheal intubation.