REFERENCES


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Can Traditional Intubation Be Modified?

To the Editor:—We would like to introduce a new method that markedly reduces endotracheal intubation time in half by altering the habitual sequence of oral intubation. The entire technique is similar to the sequence of nasalotracheal intubation where the insertion of the endotracheal tube precedes laryngoscopy.

By “intubation time,” we mean that period from the introduction of laryngoscope into the mouth to passage of endotracheal tube between the cords.

We propose that the endotracheal tube held in the right hand (for the right-handed anesthesiologist) like a “chopstick,” so that the thumb and pointer finger are free to open the mouth (fig. 1).

Then, after the partial insertion of the laryngoscope and before visualization of the vocal cords, the endotracheal tube is blindly introduced along the inner wall of the right cheek 10–13 cm in the direction of the epiglottis. The laryngoscope blade is advanced further, the epiglottis is lifted, and, at this time, the tip of the endotracheal tube is already a few centimeters apart from the cords, and endotracheal intubation is accomplished easily.

The described technique is time-saving, eliminates the need for an assistant, and is especially beneficial in cases of emergency intubation or for patients with compromised cardiovascular status.

This technique has been used successfully in our institution, in normal and exenuating situations, more than 100 times in the last 8 months. The average documented time for this approach so far is 6 ± 1.5 s versus the traditional 12 ± 2 s. In our experience thus far, we have not incurred any complications or failures.

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REFERENCES


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