Correspondence

A New Endotracheal-tube Retractor

To the Editor: — In 1962, Bearman1 devised a wire hook to facilitate nasal intubation in children. This device was successfully used by others to intubate the trachea of a patient with ankylosing spondylitis.2 Singh3 modified the hook to facilitate tracheal intubation in patients with ankylosis of the jaw and micrognathia.

Using the same principle, I have designed a retractor to facilitate endotracheal tube placement. My retractor consists of an angled handle and a blade that engages the endotracheal tube (figs. 1 and 2). The retractor has been used successfully to facilitate direct and blind intubations of tracheas of patients with micrognathia, extensive multiple mandibular fractures, hematomas, and abscess formation in the posterior pharynx and palate. The advantages of my retractor over the Bearman hook or use of Magill forceps is that it is effective without obstructing the field of vision during direct laryngoscopy; injuring the mucosa of the pharynx; or inadvertently tearing the endotracheal tube cuff. Interested anesthesiologists may obtain one of these retractors by writing to me at 25310 Tierra Grande Drive, Carmel, California 93923. It will cost about $20.00.

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REFERENCES


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A Modified Technique for Transtracheal Anesthesia

To the Editor: — Topical tracheal anesthesia administered by percutaneous needle puncture of the cricothyroid membrane is often used prior to laryngoscopy and intubation. Several fatalities due to intratracheal hemorrhage following transtracheal puncture have been attributed to active coughing with a metal needle in situ.1-4 While the overall incidence of this complication is extremely low, it may be further decreased or eliminated using the following simple modification.

Percutaneous puncture of the cricothyroid mem-

Fig. 1 (left). An oblique view of the endotracheal tube hook.

Fig. 2 (below). The hook in an operational position, controlling the direction of the tube as it is advanced toward the larynx.