A Modified Tongue Blade for Adenotonsillectomy

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Dr. Barbee believes that for adenotonsillectomy an anode or non-collapsible, endotracheal tube under the blade of a Davis gag provides the safety of an endotracheal catheter as well as an unobstructed field for the surgeon. He finds that surgeons who previously objected to the use of a tube, for various reasons such as laryngeal edema and cord granulomas, now willingly accept the endotracheal technique. However, it is difficult to keep the tube under the tongue, particularly in older children where large caliber tubes are needed.

The slotted blade, described by Doughty,¹ was unobtainable from surgical supply houses and the available tunneled blades were unsatisfactory. The craftsmen in the hospital machine shop slotted the regular tonsil blades, but the tube bulged through the slot and the open pronged end of the blade was potentially a traumatic weapon. Another significant disadvantage was that the surgeon could still see the tube. By roofing over the slotted tongue blade a groove was formed which provided room for the tube, as shown in the accompanying illustration. The blade is easier for the surgeon to handle, the tube moves with the blade from one side of the mouth to the other and there is less chance of the tube hanging up and being inadvertently removed when the surgeon does take out the blade.

Although this modification of the regular blade is a simple and small change, we have been impressed with its acceptance by the surgeons and find that it makes it much easier to convince reluctant surgeons of the advantages of an endotracheal catheter for adenotonsillectomy.

REFERENCE

CASE REPORT

Massive Pulmonary Embolism

This is the initial presentation of the Committee on Clinical Anesthesia Study Commissions from case reports submitted by members of the American Society of Anesthesiologists. The following case report was selected to illustrate massive pulmonary embolism and to stimulate interest in its management. Such a complication, if unrelieved, is fatal. Present-day cardiac surgery techniques might have enabled the required pulmonary embolectomy.

A young woman sustained a fracture of her left femur in a head-on car collision. At the time of accident she had a brain concussion and lost consciousness for several hours. When