is the security afforded by introducing the endotracheal tube exchanger through the original endotracheal tube to minimize the chances of losing control of the airway.

One disadvantage of this technique is, if a new endotracheal tube does not go into the trachea for any reason, the airway must be secured immediately by laryngoscopy, cricothyroidotomy, *et cetera*. Therefore, we suggest that only well trained anesthesiologists or intensivists familiar with and experienced in emergency airway management attempt to use this technique.

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Spoons to Assist the Insertion of the Laryngeal Mask Airway

To the Editor:—The laryngeal mask airway (LMA) has significantly changed airway management in the practice of anesthesia. For most patients, the insertion of this airway is simple, straightforward, and uneventful. However, the recommended technique for insertion of the LMA involves at least partial insertion of fingers into the patients' mouth, which in a nonparalyzed patient, exposes the physician to the risk of being bitten. Also, the teeth can tear the protecting glove. Occasionally, the LMA is positioned in the nasopharynx without being immediately recognized.[1]

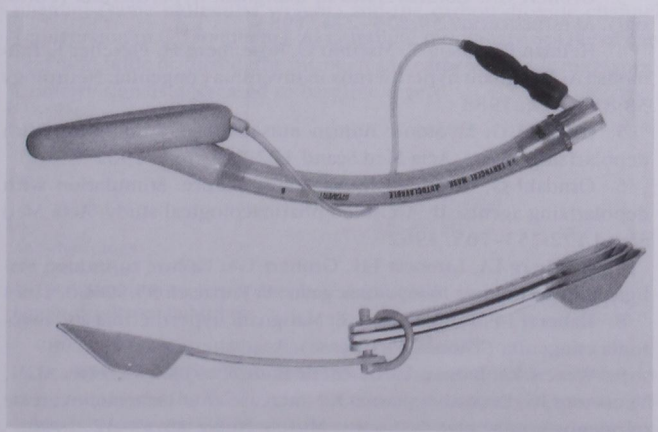

Fig. 1. The side-by-side placement of a number 4 laryngeal mask airway to the one-tablespoon measuring spoon. The other three measuring spoons discussed are attached to the same ring.

I have used a set of measuring spoons (fig. 1) to facilitate insertion of the LMA. After induction of anesthesia, a spoon of the appropriate size is inserted into the patient's mouth with the concave side facing the tongue. After insertion of the spoon, a well lubricated LMA of the appropriate size is inserted into the space between the spoon and the tongue. The concave surface of the spoon is used to shield the soft palate and deflect the tip of the LMA toward the larynx. Placement of the LMA can be achieved easily in patients with minimal mouth opening. In addition, the health hazards for the anesthesiologist associated with LMA placement are eliminated.

The plastic spoons are firm, and the edges are not sharp. I have found that the one-tablespoon size can be used in a normal-size adult male patient (LMA number 4), the half-tablespoon size can be used in a normal-size adult female patient (LMA number 3), the one-teaspoon size can be used in a normal-size child (LMA number 2), and the half-teaspoon size can be used in an infant (LMA number 1).

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