Fiberoptic endotracheal intubation through a supraglottic conduit using an exchange catheter

Sir,

I read with interest the original article in issue 1 volume 9 entitled (a comparison of fiberoptical guided tracheal intubation via laryngeal mask and laryngeal tube).

The authors have used laryngeal mask airway (LMA) or laryngeal tube as a conduit for intubating the trachea by 5 mm internal diameter tube without an exchange catheter.

I have the following comments on their respected work:

I use and supervise my trainee using a fiberoptic scope and Aintree catheter as an exchange catheter through a supraglottic airway (usually classical LMA) for difficult intubation management, and I find this method is more useful and practical than the method described by the authors in this paper for the following reasons:

The endotracheal intubation using fibreoptic scope, Aintree catheter and LMA technique is safe and efficient for patients who are difficult to intubate after induction of anesthesia. Furthermore, using Aintree catheter (or equivalent exchange catheter) as a conduit is a quick procedure with no extra experience is needed. In addition, using endotracheal tube without exchange catheter is usually difficult and prone to dislodgment because of the length of endotracheal tube, which is usually not long enough to pass through the LMA smoothly and needs more manipulation with extra device like a pusher. Moreover, the authors have used an endotracheal tube with an internal diameter of 5 mm to facilitate the insertion, however, an endotracheal tube with this diameter is not suitable for adult patient and may cause several adverse effects.

Therefore, I believe that, intubation using a fiberoptic scope and supraglottic device with the aid of exchange catheter is a reliable, safe, and easy to teach method which should not be replaced by a similar method which is not associated with the use of an exchange catheter without strong evidence.