

A technique for advancing an endotracheal tube over a stylet during intubation when an assistant is not available

Qiusheng Ren, MD · Lei Li, MD · Wanjun Yu, MD

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To the Editor,

Tracheal intubation plays a well-established role in airway management, and a stylet is frequently used to facilitate passage of the endotracheal tube (ETT). Usually, an experienced assistant removes the stylet by holding it firmly while withdrawing it as the ETT is advanced into the trachea. Thus, not having an assistant available presents a challenge, requiring modification of the usual intubation procedure.

We describe a technique for withdrawing the stylet when no assistant is available (video available as Electronic Supplementary Material). After inserting the laryngoscope, its position and lifting force are adjusted to optimize the glottis view. After guiding the ETT mounted on the stylet between the vocal cords, the operator grasps the ETT between the thumb and forefinger of the left hand (which is also holding the laryngoscope). The right hand

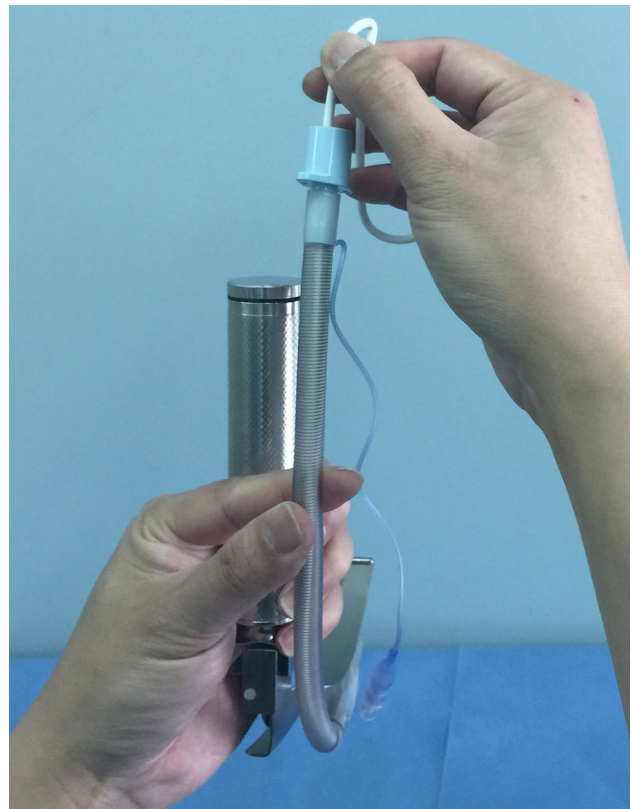


Figure One-person technique for advancing a stylet and endotracheal tube (ETT) into the trachea when no assistant is available. After the ETT is advanced through the glottis, the thumb and forefingers of the left hand that is holding the laryngoscope are used to advance the ETT into the trachea as the right hand withdraws the stylet

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Q. Ren, MD (✉) · L. Li, MD
Department of Anesthesia, Yinzhou People's Hospital, Ningbo
University Medical College, Ningbo, Zhejiang, China
e-mail: renqiusheng1971@yahoo.com

W. Yu, MD
Department of Respiratory, Yinzhou People's Hospital, Ningbo
University Medical College, Ningbo, Zhejiang, China

then grasps the stylet while the ETT is advanced into the trachea by the thumb and forefinger of the left hand (Figure). The right hand can then remove the stylet while the left hand continues to hold the ETT and laryngoscope.

Finally, the laryngoscope is withdrawn, and the correct position of the ETT is confirmed.

This technique may be more challenging for an operator with relatively short fingers. We recommend attempting it a few times with an assistant available as a backup before making it routine practice in situations where no help is available.

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