Correspondence

The Trachlight - a few more lessons

To the Editor:

The Trachlight lighted stylet is popular as the first-line airway device. Two problems have surfaced at our institution regarding its use relate to its popularity, frequent use, and our re-use of the stylets.

With repeated use and processing, residual bends may remain and the stylet takes on a "snake in the grass" appearance (Figure 1). It may, then, be difficult to retract the inner core stylet during tracheal placement. A further clue to anticipated retraction difficulties is the appearance of the hook which will be straighter than when new, suggesting that considerable force was employed during previous retraction of the stylet (Figure 2). A straightened hook no longer seats well in its port, allowing the distal tip of the stylet to move laterally in an uncontrolled fashion.

One can either discard such stylets or straighten the bends and return the hook to its normal configuration. If after these repairs, retraction is not smooth and requires effort, the inner stylet can be removed, a small amount of lubricant applied and then replaced. If resistance to retraction remains, the stylet probably should be discarded.

Occasionally, despite no visible defects in the stylet or handle, and correctly inserted fresh batteries, the light output is either absent or intermittent. This may be related to interference in the electrical contact between stylet and handle, with the dried residua of

FIGURE 2

lubricant. The problem may be resolved by cleaning the contacts on the handle with an alcohol swab.

The ease of inner stylet retraction and the consistency of light output should be checked before using the Trachlight for tracheal intubation.

Edward Crosby MD FRCPC
Ottawa, Ontario

FIGURE 1

Prevention of aspiration during Combitube® insertion

To the Editor:

In their recent review of management of the unanticipated difficult airway,¹ Crosby *et al.* included an excellent discussion of the use of the Combitube® (ETC). They mention as a drawback the fact that cricoid pressure must be released prior to insertion into the esophagus, briefly leaving the patient vulnerable to regurgitation/aspiration. I believe that this risk can be reduced by: (1) insertion of the ETC under direct vision (as suggested in the review) and (2) attachment of an Ambu® Suction Booster to the open ended (#2) lumen of the ETC. Described in 1979,² the suction booster is a 250 ml collection bottle that