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Références

- 1 Soubirou JL, Puidupin A, Augoul G, et al. Complication sévère après une trachéotomie translaryngée. *Ann Fr Anesth Réanim* 2002; 21: 728–30.
- 2 Louis JS, Antok E, Charretier PA, Winer A, Ocquidant P. Fistule trachéo-oesophagienne. Une complication rare de la trachéotomie percutanée. *Ann Fr Anesth Réanim* 2003; 22: 349–52.
- 3 Mphanza T, Jacobs S, Chavez M. A potential complication associated with percutaneous tracheostomy with an endotracheal tube with a Murphy eye in situ (Letter). *Anesthesiology* 1998; 88: 1418.
- 4 Brimacombe J, Keller C. The ProSeal laryngeal mask airway: a randomized, crossover study with the standard laryngeal mask airway in paralyzed, anesthetized patients. *Anesthesiology* 2000; 93: 104–9.

An endotracheal tube with a stylet and a styletless endotracheal tube are different

To the Editor:

The authors of the article, "The gum elastic bougie eases tracheal intubation while applying cricoid pressure compared to a stylet," conclude that a styletless endotracheal tube (ETT) hinders intubation while the sentence, "both a stylet and a gum elastic bougie are simple adjuncts for tracheal intubation," defines the accepted role of a stylet in routine tracheal intubation.¹ In practice when intubation with a plain ETT fails, by definition that intubation becomes a "difficult intubation" requiring the operator to introduce added measures such as an ETT with a stylet. It is precisely our failure to question the entire process of intubation that has prevented identification of an obvious problem and its answer: since current intubation fails in a small number of patients an important solution lies in improving the intubating technique itself by following rules governing passage of the ETT through the laryngoscopic channel.

One described method incorporates these considerations.² In part it requires routine use of an ETT with a specific shape maintained by a stylet and directed in a prescribed manner within the upper airway. In contrast, the hurried insertion of a recycled stylet into an ETT hoping that it might somehow help does not

constitute correct use of a styletless ETT. The two are simply a combination that is tried as an afterthought during difficult laryngoscopy.

In the current study the classic hockey stick curve, created by a well-lubricated stylet, was not helpful since the stylet was not an integral component of a planned and practiced system, and the failure to intubate two of 60 patients at initial laryngoscopy is an example of the problem inherent in the current method. The solution therefore requires critical examination of important steps governing both old and new procedures, and the ultimate acceptance of a more advanced technique that is both practical and effective.

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References

- 1 Noguchi T, Koga K, Shiga Y, Shigematsu A. The gum elastic bougie eases tracheal intubation while applying cricoid pressure compared to a stylet. *Can J Anesth* 2003; 50: 712–7.
- 2 Stasiuk RB. Improving styletless oral tracheal intubation: rational use of the OTSU. *Can J Anesth* 2001; 48: 911–8.

To the Editor:

Noguchi *et al.*¹ purport to "... show the clear superiority of a gum elastic bougie to a stylet for tracheal intubation during application of cricoid pressure." Their admittedly subjective conclusion is contradicted by their objective data in Table III, which indicates that the stylet technique is faster with an easy than with a restricted laryngoscopic view, and that it is as good as or better than the bougie technique, which is equally slow with an easy or restricted view.

My experience compares a one-handed stylet technique (described by Stasiuk)² to that of the authors, redefining the times to highlight rather than blur differences: T1 (mask removal to best visualization) both 6 sec; T2 (visual placement of endotracheal tube) stylet 4 sec, bougie 11 sec; T3 (placement to circuit attachment) stylet 6 sec, bougie 8 sec; T4 (attachment to positive capnogram) both 3 sec; Total time (sum) stylet 19 sec, bougie 28 sec; airway grades 1, 2a, 2b, 3a, with and without cricoid pressure. Placement time (T2) is more than twice as long with the bougie because more steps are required.

Due to speed, simplicity, and freeing up the helper's hands, the one handed stylet technique has been my first choice for years without any failures in grade 1 to 3a airways. Not only is my conclusion the

opposite of the authors, their objective data do not support their conclusion.

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References

- 1 Noguchi T, Koga K, Shiga Y, Shigematsu A. The gum elastic bougie eases tracheal intubation while applying cricoid pressure compared to a stylet. *Can J Anesth* 2003; 50: 712–7.
- 2 Stasiuk RB. Improving styletted oral tracheal intubation: rational use of the OTSU. *Can J Anesth* 2001; 48: 911–8.

REPLY:

Thank you for the opportunity to reply to the letters by Drs. Stasiuk and Lee on our article.¹

First of all we appreciate Dr. Stasiuk's comments on intubation failure with a stylet. Although Dr. Stasiuk has described an ingenious method of styletted tracheal intubation based on physical principles and years of experience,² our method for maneuvering a tracheal tube with a stylet is, roughly, the same. We also have routinely used a stylet as an aid to tracheal intubation because we believe that styletted intubation should be a simple and reliable method for unsuspected difficulties with intubation or in emergency situations when applying cricoid pressure.

We also thank Dr. Lee for sharing his own data. We are impressed with Dr. Lee's analysis of intubation time using each device, although his data are from routine clinical practice without applying cricoid pressure and differences seem clinically trivial. Applying cricoid pressure worsens the view of the larynx⁴ and often causes subsequent difficulty even in the use of a stylet, as shown in our study. In the United Kingdom, most anesthesiologists use a gum elastic bougie routinely when they encounter insufficient laryngeal exposure during laryngoscopy.³ This is exactly the background of our study in which the ease of tracheal intubation with a stylet was compared with a gum elastic bougie when applying cricoid pressure.

We agree that the constructive use of a J-shaped tracheal stylet unit through the laryngoscopic channel may be optimal for a smooth tracheal intubation;² however, we also believe every anesthesiologist should use other sophisticated intubating devices without resorting to a stylet in all cases of unsuspected difficult intubation.

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References

- 1 Noguchi T, Koga K, Shiga Y, Shigematsu A. The gum elastic bougie eases tracheal intubation while applying cricoid pressure compared to a stylet. *Can J Anesth* 2003; 50: 712–7.
- 2 Stasiuk RB. Improving styletted oral tracheal intubation: rational use of the OTSU. *Can J Anesth* 2001; 48: 911–8.
- 3 Latta IP, Stacey M, Mecklenburgh J, Vaughan RS. Survey of the use of the gum elastic bougie in clinical practice. *Anaesthesia* 2002; 57: 379–84.