REPLY:*Improving styletted oral tracheal intubation: rational use of the OTSU*

Letters to the Editor on styletted oral tracheal intubation reflect a broad cross section of views held by many experienced anesthesiologists. Their diverse philosophies on choice of intubating technique range from using a styletted tracheal tube when intubation becomes problematic¹ to requiring the assistance of a helper with all patients. However, every anesthesiologist at some time will be faced with a life-threatening crisis in airway management that requires immediate and effective tracheal intubation using only universally available equipment, i.e., the laryngoscope, tracheal tube, and stylet. Everyone in clinical anesthesia must decide whether their personal technique is flexible enough to achieve successful placement of the endotracheal tube at initial laryngoscopy under truly adverse circumstances. If the answer is no, then a re-thinking of how one approaches intubation is required.

The purpose of my article was to inform the reader of a technique of intubation, evolved through thousands of uses, that maximizes successful tracheal tube placement under a variety of situations.² To attain clinical proficiency, it is necessary, first, to understand the relationships between the airway, laryngoscopy, shape and delivery of the OTSU, and how glottic placement of the tracheal tube tip is recognized. Second, it requires each step be performed in its proper sequence and practiced with every intubation.

Use of the OTSU is not a quick fix or after thought when dealing with a difficult intubation. It is an extension of the process used for simple, routine intubations, and its successful application depends upon familiarity with the technique gained from managing many patients with a spectrum of airways.

Not everyone will agree that re-evaluation of the intubating process is necessary or will commit to mastering this technique. The groups most likely to respond and benefit are: a) resident staff, relatively new to anesthesia, who are receptive and motivated to learn an advanced skill; b) individuals, who after having experienced problems with intubation, remark – “there must be a better way”; and c) anesthesiologists who accept the intellectual challenge needed to study, understand, and acquire the technical skills for intubating quickly and easily. All will find a dramatic drop in the number of intubations previously considered difficult, and when confronted with exceptionally difficult airways will intubate successfully thereby preventing potential injury to their patients.

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References

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- 2 Stasiuk RBP. Improving styletted oral tracheal intubation: rational use of the OTSU. *Can J Anesth* 2001; 48: 911–8.