LETTER TO THE EDITOR

DEAR SIR,

Through participation in a resident training program it has come to my attention that a manipulative knack acquired many years ago for blind nasal intubation (which was then widely taught and practised) may have fallen into oblivion, whereas it could have been usefully transposed to a common procedure of today, the insertion of the nasogastric tube.

The anaesthetist often has need to pass such a tube when conditions are far from ideal as, when the patients head is partially or completely obliterated by the operative drapes. Simple propelling of the tube at the nares frequently ends with its curling up in the pharynx. Resort to the laryngoscope and Magill forceps is then usually successful but may be awkward, frustrating and traumatic. Instead, laryngeal manipulation often brings the blind nasogastric insertion to a successful rapid conclusion. This consists of grasping the thyroid cartilage between the thumb and fingers of the nonpropelling hand then pulling anterior in a cephalad direction and to the right or left to meet the tip of the descending nasogastric tube. When the tube has entered the hypopharynx cephalad tension is retained until the tube enters the stomach.

I trust that most of your readers are aware of this manoeuver; if not, it can be put to good use in the near future.

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