include inquiries about previous serious extragenital herpes infection and to avoid the use of epidural or intrathecal opioids and opiates in those rare patients who have a positive response.

M. Beriault MD
Grace Hospital
Calgary, Alta.

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Nasotracheal intubation using Bullard™ laryngoscope

To the Editor:

Several methods are available for difficult endotracheal intubation but much time and skill are required. The method using the Bullard™ laryngoscope (Figure), which is an anatomically shaped rigid fibreoptic instrument to aid indirect laryngoscopy, is one of the solutions. Saunders and Geisecke[1] presented a clinical assessment of the adult Bullard™ laryngoscope. They used intubating forceps to grasp the tube through the Murphy eye and introduced the tube through the glottis. If the forceps are not used, as Bjoraker[2] suggested, a styletted endotracheal tube formed to mimic the shape of the blade can be used for oral approach. However, the oral approach with intubating forceps or stylet requires considerable practice before the technique is reliable because the space for manipulating the endotracheal tube is narrow. Consequently, the smooth insertion of the blade and the endotracheal tube together through the pharynx is not easy. To improve this we propose a new method of intubation using the Bullard™ laryngoscope, which requires no special skill.

Our method is as follows: the Bullard™ laryngoscope is inserted orally to visualize the glottis, following which an endotracheal tube is inserted through the nose and advanced to the glottis. The positional relation of the glottis and the tube is observed through the laryngoscope throughout intubation, and the direction of the tube tip is changed if necessary. We compared three kinds of endotracheal tubes, i.e., tubes with strong curvature and moderate hardness, styletted tubes, and directional tip tubes (Endotrol™) (Figure). All were useful but the directional tip tube (Endotrol™) was the best for quick and non-traumatic intubation.

The advantages of our method lie in the good view of the glottis which is obtained with the Bullard™ laryngoscope and the anatomically easy access to the glottis by nasal insertion of an endotracheal tube. The direction of the tube tip can be changed without disturbing the view of the larynx. In addition, the laryngoscope can be held in the left hand and only 6 mm of oral opening is required to place the blade.

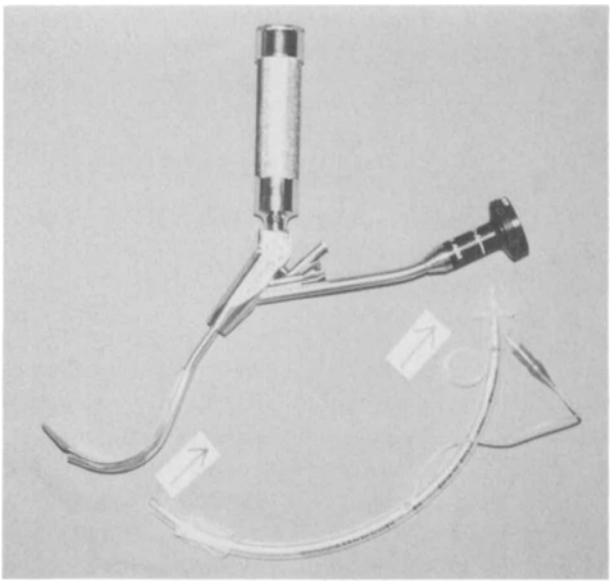

FIGURE The adult Bullard™ laryngoscope is shown with a standard two-C-cell laryngoscope handle attached and its viewing arm with eyepiece extended to the right. The directional tip tube (Endotrol™) is shown below the laryngoscope. The tube tip bends to the direction of the left arrow when the wire ring is pulled to the direction of the right arrow.

We found that tracheal intubation can be achieved easily by this method of nasal intubation using the Bullard™ laryngoscope in difficult airway patients, and hope that others will try the method.

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