Jugular bulb catherization provides an added dimension for ensuring adequate cerebral perfusion and oxygenation.

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LMA insertion after accidental extubation

To the Editor:

Sudden, accidental tracheal extubation during surgery is hazardous, especially when the tracheal patient is in a position which inhibits reintubation (e.g., ventral position). We have had a case of unexpected extubation and managed it by immediate insertion of an LMA. An endotracheal tube was inserted in a 70-yr-old woman who was anaesthetised using balanced anaesthesia with muscle relaxants. Ventilation was controlled and the patient was placed in the left lumbar position with maximal extension of her pelvis, to obtain a good exposure of the kidney. When the operating table was flexed for closure of the incision, the tubing of the respirator was stretched and the trachea was unintentionally extubated. A # 3 LMA was inserted and the cuff inflated with 40 ml air, without changing the lumbar position of the patient. There were no haemodynamic changes, the O_2 saturation remained at 99%, peak airway pressure of 28 mmHg and $P_{ET}CO_2$ at 32 mmHg. These variables were maintained until the completion of the operation. The capnograph screen depicted a normal respiratory curve without any change after the insertion of the laryngeal mask.

Manual, controlled ventilation was continued with a bag connected to the circle system for 12 min, with the patient in a lateral position. This allowed for a safe closure of the surgical incision. Afterwards, the patient was placed on her back. Reversal of the neuromuscular block was achieved by neostigmine and atropine with resumption of spontaneous respiration.

We believe that the use of a laryngeal mask is the preferred approach in this situation.[1] As many operations are performed in unconventional positions, laryngeal mask anaesthesia may be useful to resolve the problem of sudden loss of airway during surgery,[2] and we recommend it be available in all operating room suites.

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Erratum

McLeod DH, Wong DHW, Vaghadia H, Claridge RJ, Merrick PM. Lateral popliteal sciatic nerve block compared with ankle block for analgesia following foot surgery. Can J Anaesth 1995; 42: 765–9.

Please note that on the last line on page 767 the "t" was omitted from "t tests". The line should read:

group differences with unpaired t tests. Weight, anaesthetic