CORRESPONDENCE

Safe and effective positioning of a left-sided double-lumen tube

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To the Editor,

We read with great interest the paper by Schuepbach *et al*¹ describing their randomized trial that compared the VivaSight double-lumen tube (DLT) with a conventional left-sided double-lumen tube (L-DLT). It is an interesting study, but we have some concerns about the purpose of the VivaSight DLT.

The primary objective of the study was to compare the intubation time using the VivaSight DLT with that of a conventional L-DLT. Intubation time was defined by the time interval from the beginning of the laryngoscopy to confirmation of placement by auscultation. Results show a significantly faster mean (SD) time to successful intubation with the VivaSight DLT than with the conventional L-DLT [63 (58) sec *vs* 97 (84) sec, respectively; $P = 0.03$]. One could easily question the clinical relevance of the statistically significant benefit of 34 seconds.

Whatever the results of this study however, the proposed method to position, monitor, and reposition a DLT in the tracheal view using the VivaSight DLT is inadequate for a thoracic anesthesia provider. It might be easier and faster to place the VivaSight DLT, but this approach cannot replace a complete flexible bronchoscopic evaluation of subcarinal

anatomy. A thoracic anesthesiologist should be an expert in bronchoscopic examination and use it as needed to enhance the safety of clinical outcomes. Safe and effective L-DLT positioning should include a distal examination of the bronchial extremity of the L-DLT to confirm an unobstructed view of the left upper and lower bronchial orifices and rule out any obstruction at this level. A deeper position may be used to minimize herniation of the bronchial cuff at the carinal level.^{2,3} This approach increases the importance of monitoring the bronchial environment distal to the bronchial lumen, which cannot be achieved with the use of the VivaSight DLT.

Conflicts of interest None declared.

References

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This letter is accompanied by a reply. Please see *Can J Anesth* 2015; 62: this issue.

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