IN REPLY

In reply: Definitive airway management in emergency department patients with a King laryngeal tubeTM in place: a simple and safe approach

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To the Editor,

We thank Dr. Dodd *et al.* for their interest in our manuscript¹ and sharing their experience. They describe an alternate, equally safe, controlled technique using a video laryngoscope-guided exchange with excellent results.² We agree that a video laryngoscope-guided technique has the advantage of familiarity and simplicity. During the time of our study, however, video laryngoscopy was still being introduced into clinical practice. In our report, we also described a safe technique for exchanging the King LT(S)-DTM laryngeal tube (King LT) for a standard endotracheal tube utilizing an Arndt exchange catheter.

The circumstances surrounding King LT use (e.g., suboptimal conditions encountered in the field, venous and lymphatic compression resulting from the oropharyngeal cuff, duration of use) contribute to airway edema. Given our patient's demographics and location, considerable time may have elapsed during transport prior to definitive airway management, possibly resulting in a greater degree of airway edema influencing the final technique. No one technique has been shown to be

superior in making this exchange. Given patient- and case-specific variables, available equipment and experience, and comfort and experience of the bedside clinicians, it is prudent to have multiple techniques and options available when exchanging a King LT, two of which are described in this commentary.

Conflicts of interest None declared.

References

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2. Dodd KW, Klein LR, Kornas RL, Driver BE, Ho JD, Reardon RF. Definitive airway management in emergency department patients with a King laryngeal tubeTM in place: a simple and safe approach. *Can J Anesth* 2016; 63: DOI:10.1007/s12630-016-0591-4.

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