IN REPLY

In reply: Combined use of flexible bronchoscopy and video laryngoscopy for endotracheal intubation in patients with King laryngeal tube *in situ*

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To the Editor,

We thank Drs El-Orbany and Schmid for describing an interesting and potentially valuable method for securing a definitive airway in patients presenting with a King laryngeal tube (King LT; King Systems; Noblesville, IN, USA) *in situ* when rapid intubation using video laryngoscopy (VL) with the use of a bougie is unsuccessful.¹ Our department has a high rate of success with the VL method, which uses equipment that is standard in most emergency departments.^{2,3} However, if visualization is not possible using VL with the King LT *in situ*, the flexible bronchoscopic intubation technique described by Drs El-Orbany and Schmid would be an appropriate next step prior to a surgical airway, assuming that the patient can be well oxygenated with the King LT.

Similar to our method, the method described by Drs El-Orbany and Schmid allows oxygenation and ventilation throughout most of the procedure. Flexible bronchoscopy, however, requires the use of advanced techniques, with which some emergency airway providers are not familiar, as well as specialized equipment that is not always readily available in emergency departments. Bronchoscopic methods also require a significant amount of time.^{4,5} These factors may limit the use of this method in patients with unstable respiratory or hemodynamic profiles and in those with competing resuscitation priorities, such as an emergent need for procedural or operative intervention.

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