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Lighted Stylet and Endotracheal Intubation. I.

To the Editor:—The clinical trial of lighted stylet (“light wand”) intubation reported by Fox *et al.*¹ provides further evidence of the usefulness of this device as a routine or alternative method of tracheal intubation. Their success parallels our own experience.² It was, however, with some dismay that we realized their trial made use of a Flexi-lum[®] surgical light, rather than the device designed specifically as a lighted stylet.

Although the Flexi-lum[®] (Concept Corporation, Clearwater, FL) was employed in earlier trials because nothing else was available, this surgical light was never intended to be used as a stylet. Its use carries at least one potentially serious complication. Several cases are known, and one is reported, of the bulb becoming disconnected from the wire of the Flexi-lum[®] and falling into the right mainstem bronchus.³ Dr. Fox and his colleagues refer to this report, but cite it as demonstrating the risk of trauma induced by nasotracheal intubation with the device. The report by Stone *et al.*³ does not mention trauma, but, rather, documents a case in which the bulb became disconnected from the end of the surgical light and fell into the right lower lung of the patient. This problem, fortunately, has been solved by a recent redesign of the surgical light as an intubating stylet. The new lighted stylet (TUBE-STAT[®], Concept Corporation, Clearwater, FL) has a brighter light, and its wire and bulb are enclosed together within a tough plastic sleeve. We have performed hundreds of intubations using the TUBE-STAT[®] with no major complications, and we are currently investigating the use of a flexible lighted stylet designed specifically for nasotracheal intubation.

We very much welcome and appreciate the contribu-

tion of Dr. Fox and his colleagues to the growing evidence of the usefulness of the lighted stylet as a rapid and reliable method of orotracheal intubation. We would, however, caution against the use of the Flexi-lum[®] surgical light as a stylet, and would recommend that the TUBE-STAT[®], a device designed specifically for the task, be employed to perform the transillumination method of orotracheal intubation.

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Lighted Stylet and Endotracheal Intubation. II.

To the Editor:—The recently published clinical report¹ comparing blind nasal intubation with oral intubation with the aid of the Flexi-lum[®] light in awake patients stirs me to respond. Blind nasotracheal intubations with the aid of muscle relaxants have been carried out in our Department for about 20 yr by over 100 different anesthesiologists, and to be informed that it is necessary to have either

spontaneous respiration or awake patients for this procedure is fallacious.

The Flexi-lum[®] light has been used many times in the teaching of blind oral intubations using an Airway Intubator[®]² as a splint and guide. Should the authors wish to dramatically improve their intubation times, they should try this transillumination technique in conjunction