

Anesthesiology
72:955, 1990

The Ureteroscope: An Alternative to the Intubating Bronchoscope

To the Editor:—Fiberoptic endoscopy has become established as an important technique in numerous clinical settings in both anesthesia and critical care. Specific bronchoscopes, with optics, length, and rigidity designed for tracheal intubation and confirmation of double-lumen tube placement have been developed for the practice of anesthesia. Many small hospitals may not have the funds to purchase these special scopes. Larger hospitals may need multiple scopes. In our institution, we had ordered an intubating bronchoscope that had not arrived and we were looking for an alternative scope with which to check double-lumen endotracheal tube placement. We discovered a seldom-used ureteroscope that served our purposes admirably both for difficult intubations and evaluation of endotracheal tubes *in situ*. The comparison of specifications for the ureteroscope with the intubating bronchoscope are seen in table 1. The fiberoptics are equivalent in field of view, outer diameter, suction channel, and depth of field. The ureteroscope has more tip deflection upward by 40° and less downward by 20° but these factors in our experience did not appreciably alter its function as compared with the bronchoscope. The ureteroscope is also 10.5 cm longer than the bronchoscope that was also no disadvantage. However, the fiberoptic intubating bronchoscope has an adaptation on the suction instrument channel for intermittent suction that is not present on the ureteroscope suction instrument channel. We remedied this by cutting an elliptical hole in standard 3/16-inch surgical connecting tube for intermittent suction by digital occlusion (fig. 1).

Although an ureteroscope costs more than an intubating bronchoscope, if one is on hand it may be useful as an alternative intubating bronchoscope in these days of shrinking medical budgets. It would not be the first time that we have borrowed from our colleagues in urology. In 1912, Elsberg recommended "an ordinary silk woven urethral catheter . . . (that) can be procured everywhere"¹ for common use as an endotracheal tube.

TABLE 1. Comparison of Olympus Fiberscopes: Ureterofiberscope (URF-P) and Intubating Bronchoscope (6F-1)

	URF-P	LF-1
Field of view	75°	75°
Direction of view	Forward	Forward
Outer diameter	3.6 mm	4 mm
Depth of field	3–50 mm	3–50 mm
Tip deflection upward	160°	120°
Tip deflection downward	100°	120°
Working length	70.5 cm	60 cm
Suction/instrument channel	1.2 mm	1.2 mm

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(Accepted for publication February 23, 1990.)

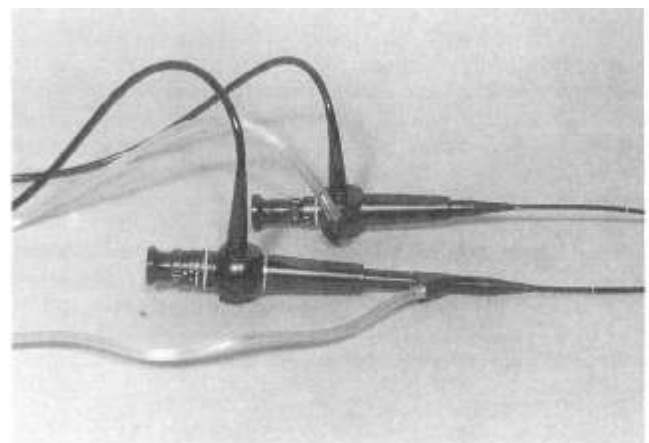


FIG. 1. Suction adaptation of the ureteroscope below by cutting a hole in ordinary 3/16-inch surgical connecting tubing for intermittent digital occlusion. This may be a slightly less convenient location for the suction port than on the intubating scope above.

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Blind Selective Bronchial Catheterization

To the Editor:—Recently, Rouby *et al.*¹ reported that insertion of a straight suction catheter through an endotracheal tube resulted in right bronchial catheterization 86%, left bronchial catheterization 11.5%, and curling of the catheter in the upper airway 2.5% in patients in an ICU.

We have developed a curved-tip catheter with a guide mark to indicate direction of curvature. The most important factor determining final location of a catheter during blind selective bronchial catheterization is the guide mark which facilitates directing the endotracheal