

CORRESPONDENCE

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In Reply:—Brimacombe and Berry state that cricoid pressure makes passage of the endotracheal tube through the laryngeal mask airway (LMA) more difficult by citing correspondence that, when cricoid pressure is applied *before* insertion of the LMA, the larynx tilts by 10–40° although the view of the larynx is not obscured.¹ However, in my technique, the LMA can be placed correctly since I apply cricoid pressure *after* its insertion. When the position of the LMA is found to be incorrect using the fiberscope, I reinsert the LMA or abandon this technique. Although the effect of application of cricoid pressure *after* insertion of the LMA on the view of the glottis has not been reported, in my experience, the view has not been obscured.

Adequate preoxygenation is achieved before insertion of a fiberscope and an endotracheal tube. Although some air entrainment is possible during insertion of these, significant desaturation is unlikely during this period of a few seconds. I also doubt that the face mask always provides a better seal than the LMA.

Brimacombe and Berry also state that the LMA can be quite stimulating, causing several problems, such as gagging, coughing, recurrent swallowing, and excessive salivation during its insertion.² The figures they quote relate to insertion of the LMA in patients in whom no sedative were given,² whereas I use a sedative as well as a topical anesthetic.

When cricoid pressure is applied between the insertion of an LMA and the insertion of a fiberscope and an endotracheal tube in the sedated patient, pulmonary aspiration should not occur as application of cricoid pressure after insertion of the LMA is effective.³

All techniques to aid tracheal intubation have disadvantages and are associated with potential hazards, and thus we must select an appropriate technique for each patient. The efficacy of new techniques as always must be evaluated carefully on the basis of relevant observations.

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References

1. Brimacombe J: Cricoid pressure and the laryngeal mask airway (letter). *Anaesthesia* 46:986–987, 1991
2. Brimacombe J, Newell S, Swainston R, Thompson J: A potential new technique for awake fiberoptic diagnostic bronchoscopy: Use of the laryngeal mask airway. *Med J Aust* 156:876–877, 1992
3. Strang IT: Does the laryngeal mask airway compromise cricoid pressure? *Anaesthesia* 47:829–831, 1992

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