

CORRESPONDENCE

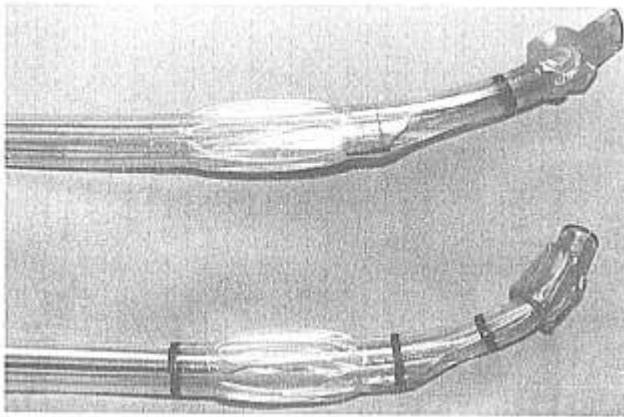


Fig. 2. Tips of a conventional (top) and an improved (bottom) left-sided Broncho-Cath.

tally to prevent obstructing the carina and right mainstem bronchus (fig. 2).

In a study of 16 patients, we found that these modifications allowed easier fiberoptic visualization of the left upper lobe bronchus and increased the margin of safety for obstruction of the same bronchus.

Theoretically, insertion of an mDLT could be slightly more difficult or cause bronchial wall trauma from the leading edge of the endobronchial tube. We had no difficulty in positioning the mDLT in this study.

We think a carinal hook³ is unnecessary because the tracheal lumen tip can function as a carinal hook. Dislodgement intraoperatively should, theoretically, be easier to treat. Because the tracheal lumen tip prevents excess caudal movement, if the tube becomes dislodged, it should merely be advanced until gentle resistance to movement is felt. It then should be pulled back about 1 cm. When right lung ventilation is restored, the tracheal lumen tip has been reseat.

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In Reply:—We are pleased to hear of Yahagi *et al.*'s successful study using Broncho-Cath left endobronchial tubes with modified tip. His findings agree with other preference studies of this design conducted by investigators around the world. Similar preferences were expressed in earlier work by Benumof¹ and again by Klippe² *et al.* and also by Desai and Rocke³ and Alfery.⁴ These minor modifications reduce the variability typical in past forms of the time-tested Robertshaw design and are intended to facilitate the practice of fiberoptic bronchoscopy to guide the placement of double-lumen tubes. We are grateful for the contributions of Yahagi *et al.* and other investigators in this work.

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