CORRESPONDENCE

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Use of a Fiberoptic Bronchoscope to Change Endotracheal Tubes

To the Editor:—In recent correspondence,[1,2] Professor Benumof suggested the need for a table of different-sized endotracheal tubes (ETTs) and compatible-sized intraluminal guides and fiberoptic bronchoscopes (FOBs) to change a small-bore ETT to a large-bore ETT.

In practice, it is useful to remember that the combined diameter of the FOB and the intraluminal guide should be at least 1 mm less than the internal diameter (ID) of the ETT, so that the ETT can be slipped easily over the guide and FOB. The FOB with an external diameter (ED) of 4 mm and a guide with a similar ED can be used for 9.0 mm-ID ETT, whereas for a 8.0 mm-ID ETT, one would need a guide of 3 mm ED. An FOB with greater than 4.0 mm ED may also be used, but that would limit the size of the intraluminal guide. A smaller guide may also be more vulnerable to displacement.

Considering the availability of multiple sizes of FOBs and intraluminal guides by different manufacturers, a table may not serve its purpose of making the task easy, but confound the anesthesiologist with the problem of exchanging a small ETT.

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References

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2. Benumof JL: Laryngeal mask airway and the ASA difficult airway algorithm (letter). ANESTHESIOLOGY 1996; 85:687-8

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In Reply:—Dr. Bapat provides a useful rule to determine whether the combination of a fiberoptic bronchoscope (FOB) and an intraluminal guide will fit inside the lumen of an endotracheal tube. However, in practice, it will often not be possible to determine the precise outside diameter of FOBs (especially if the outside sheath has undergone change in shape with usage) and the large number of guides available. A safer and more accurate rule would be to *always predetermine and pretest* the exact combination of FOB, guide, and endotracheal tube to be used; this is the only way to assure correct function at the moment of need.

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ERRATUM

In a Highlight published in the November 1996 issue of ANESTHESIOLOGY, which reviewed an article (Buchser E, Goddard M, Heyd B, Joseph JM, Favre J, de Tribolet N, Lysaght M, Aebischer P: Immunoisolated xenogeneic chromaffin cell therapy for chronic pain: Initial clinical experience. ANESTHESIOLOGY 1996; 85:1005-12) in the same issue, the names of the reviewers were omitted. Kirk Hogan, M.D., and Stephen E. Abram, M.D., should have been credited as the authors of the Highlight. The publishers apologize for the error.

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