

CORRESPONDENCE

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Use of a Modified Lightwand for Nasal Intubation

To the Editor:—The most difficult aspect of nasotracheal intubation is aligning the tip of the endotracheal tube with the glottis. This can be facilitated by direct laryngoscopy and the use of Magill forceps, but this is not always an acceptable alternative. One possible solution that might aid in identifying alignment is the use of a light wand device. Although the previous versions of these devices have been relatively stiff, the Trachlight (Laerdal Medical Corporation, Armonk, NY) consists of a pliable wand and a stiff internal stylet.¹ After removal of this retractable stylet, the Trachlight becomes flexible and can be safely passed through the nose. However, directing and controlling the Lightwand's now-flexible tip is difficult.

We devised a simple solution for using the Light Wand during nasotracheal intubation. We tied a nylon string at the distal end of the wand, near the light bulb. The other end of the string is connected to a ring. The string is passed through the lumen of the endotracheal tube with the Lightwand (fig. 1). The endotracheal tube and the Lightwand are inserted *via* the nose into the pharynx as usual. After the passage of the tube into the pharynx is ascertained by a loss of resistance, the tube is advanced another 2 to 3 cm. The room lights are dimmed and the light shining is seen through the anterior neck. The tube and light combination is adjusted to get the brightest light in the midline by either rotating the tube or by flexing the tip with pulling the string. Then, the tube with the light is advanced into the trachea.

We used this device in more than 30 patients. The tracheas were successfully intubated in approximately 80% of patients after one attempt within 20 s. In the other patients, the intubations were facilitated with the neck flexion or direct laryngoscopy. After placement of the endotracheal tube in the trachea, the Lightwand also allows optimal placement of the tip of the tube within the trachea. There were no traumatic events such as mucosal laceration or dental injury.

Although the curvature of some endotracheal tubes, such as the RAE tube (Mallinckrodt Medical, Athlone, Ireland), prevents the use of this technique, we think that this approach is a useful tool for nasal intubation.

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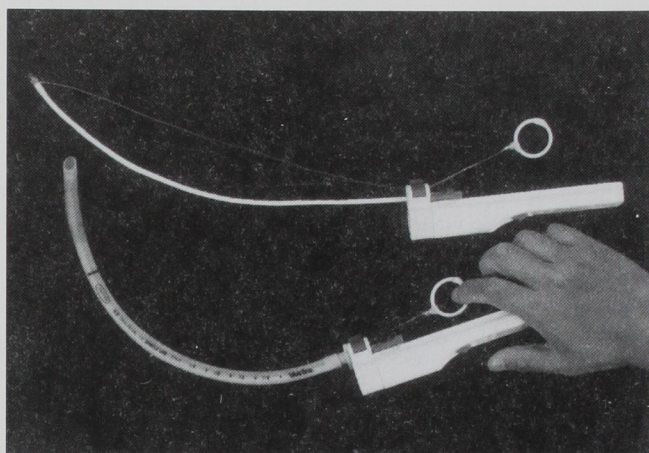
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Fig. 1. A nylon string is fastened at the distal end of lightwand, and a ring is attached to the other end of the string (*top*). By pulling the ring, the position of the tip of the tube can be manipulated (*bottom*).

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