A ROBUST RELIABLE THROAT SPRAY  

BY  

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A 9-cm, 18-gauge needle can be readily adapted to provide a simple, inexpensive and reliable laryngeal spray (figs. 1 and 2).

Four minute holes are drilled around the circumference of the needle 2 mm from the tip (size 80 drill). The bevel is removed and the needle tip spun to remove its sharp edge and reduce its diameter so that five little jets of solution can be forcibly expelled at right angles to one another (fig. 3).

The needle is attached to a small syringe with a Luer Lok tip (the Lok is essential to prevent detachment during ejection). Two ml of topical anaesthetic solution—for example 4 per cent lignocaine—produces profound anaesthesia of the trachea and larynx.

The larynx is visualized, the needle passed between the vocal cords three centimetres into the trachea and the solution expelled vigorously during withdrawal. Reflex response to laryngeal intubation is depressed at once, allowing immediate nasotracheal intubation.

This spray has been in routine use for over two years. In 700 uses neither overdosage nor trauma has been encountered during spraying nor have any after-effects been detected at the follow-up clinic.

We believe this spray has several advantages over the atomizing type:

(1) There is quicker and more reliable onset of anaesthesia due presumably to the vigour and direction of the jets.
(2) There are no perishable or fragile parts.
(3) Cleaning and sterilization present no problem, and blockage has not occurred.
(4) Production is easy and inexpensive.

These needles may be obtained from Reaby (Surgical) Ltd., 274 Brunswick Street, Fitzroy, Victoria, Australia, for ten shillings.