Combined Glidescope and Fiberoptic Scope Use for Exchange of the King Laryngeal Tube

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Introduction

• Laryngeal tubes (LT) often used for airway rescue

• Exchange for a endotracheal tube (ETT) often needed

Laryngeal Tube
Case Report

- 61yo morbidly obese (136 kg, BMI 46.2 kg/m²) female presented with retroperitoneal bleeding
- ED providers placed LT after failed intubation attempt with Glidescope that resulted in PEA arrest
- Anesthesiology consulted for airway exchange

Laryngeal Tube Exchange

- Glidescope Cobalt blade advanced adjacent to LT for partial view of vocal cords
- 7.5 mm ID ETT loaded on Pentax FI-13P (4.2 mm OD) fiberscope and steered through vocal cords
- ETT advanced over fiberscope into trachea under Glidescope visualization, and LT removed
- O₂ saturation at 100% throughout exchange

Alternative Exchange Techniques

- LT removal followed by de novo approach
- Endoluminal techniques
  - Fiberoptic, wire-guided exchange (Galgon et al, 2012)
  - Fiberoptic, Aintree Intubation Catheter exchange (Genzwuerker et al, 2002)
  - Blind eschmann stylet (Lutes et al, 2010)
- Extraluminal techniques
  - Direct laryngoscopy adjacent to LT cuff (Khaja et al, 2010)
  - Flexible fiberscope adjacent to LT cuff (Khaja et al, 2010)
Combined Glidescope/Fiberscope Extraluminal Exchange

**Advantages**
- Uses now commonly available difficult airway equipment
- In situ airway maintained until ETT placement
- Continuous airway visualization during the exchange
- Fiberscope steerability provides greater ability to maneuver through glottis

**Disadvantages**
- May lose ability to ventilate with LT cuff air removal
- Two-operator technique

**References**