

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

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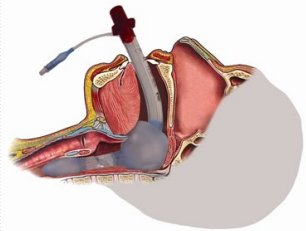



Introduction



- Laryngeal tubes (LT) often used for airway rescue
 - Exchange for an endotracheal tube (ETT) often needed
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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 

- Tumpach et al. The King LT versus the Combitube: Flight Crew Performance and Preference. Prehosp Emerg Care 2009. 13: 324-328.
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