LMA and the Lighted Stylet: More Help for the Difficult Airway?

The laryngeal mask airway (LMA) has been used to ventilate patients when tracheal intubation is difficult; in up to 85% to 90% of cases, an endotracheal tube can be passed blindly through a correctly positioned LMA. Researchers from Italy and Australia tested the use of a lighted stylet (the Trachlight Wand™) to aid tube placement.

Experienced operators placed a #4 or #5 LMA in 114 healthy, anesthetized patients aged 28 to 84 (mean, 60) undergoing elective surgery. They then attempted intubation through the LMA using a 6.5- or 7.0-mm ID endotracheal tube mounted on the lighted stylet, guided by transillumination of the cricothyroid membrane. If illumination did not indicate tracheal entry, operators tried repositioning first the LMA, then the patient's head and neck, and finally tried a smaller tube or a larger LMA.

Most patients were not expected to have difficult intubations; 78% were intubated on the first try, another 10% after repositioning the LMA, and another 9% after changing from a #4 to a #5 LMA. (In no case did patient repositioning help.) The remaining 3% were easily intubated via laryngoscopy. Average intubation time was 57 seconds if the first attempt succeeded, 67 seconds if the LMA was repositioned, and 100 seconds if the LMA was changed.

Comment: The lighted stylet may increase the success rate of intubation through the LMA, and is yet another trick for the difficult airway. The new intubating LMA (see previous story) appears superior for ED use because it can provide both rescue ventilation and a route for tracheal intubation. Combined use of the intubating LMA and the lighted stylet may be even better and warrants further study.

— RM Walls

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