Laryngoscopes and Tracheal intubation Equipment

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Laryngoscopes

These devices are used

to:

-Directly visualize the laryngeal inlet.

-Aid in tracheal intubation.



Components

1- Handle:

- -Designed in different sizes.
- -Houses power source (batteries).

2- Blade:

- -Curved or straight.
- -Fitted to the handle.
- -Wide range of designs for both.



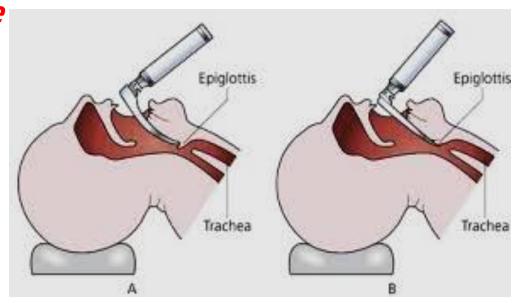




1- Usually the straight blade for neonates.

Neonate epiglottis is lifted (relatively large, floppy and V- shaped) Larger sizes can be used for adults.

- 2-The curved blade (Macintosh) blade
- -Reaches vallecula.
- -Four different sizes.
- -Inserted via the Rt. Angle of the mouth.





3- Standard design:

-Light source =a bulb

screwed to the blade.



More recent design:

-The bulb is on the handle and light is transmitted via fibreoptics.

-Both reusable and disposable versions are available.









4- Lt-sided Macintosh blade is available for Rt.-sided facial deformities.

5-McCoy laryngoscope -derived from Macintosh blade.

- -Has a hinged tip ,operated by a lever available :
- as straight and curved McCoy are available now:
- in traditional bulb and fibreoptics.
- -for routine and difficult intubation.





Source: Orlando R. Hung, Michael F. Murphy: Hung's Difficult and Falled Airway Havagement, 3rd edition Copyright & McGraw-Hill Education, All rights reserved.

- 6- A more recent design is Flexiblade:
 - -The whole distal half is maneuverable.
 - -The lever is on the front of the handle.





7-The blades are interchangeable between different manufacturers:

- -(Green & Red) systems.
- -The green system is the most commonly used fitting standard.



1. The risk of trauma & bruising of epiglottis is more with straight blade.

2. Of vital importance to check the function of laryngoscopes before commencement of anesthesia. Reduction of power or total failure may be due to corrosion at points of electrical contact, battery failure or bulb failure.

3-large breasts restrict the insertion of the blade into the mouth, the short handle (and/or) Polio-blade are used to overcome this problem.



- 4. To prevent cross-infection: one of the following methods are used:
- a) Disposable blade is used.
- b) PVC sheath is used to cover the blade.

c) Decontamination of The reusable blade and handle between patients.







Video-laryngoscopes

- Are a new generation of crossover devices, offering indirect laryngoscopy. Using miniature high resolution cameras and fibreoptic technology.
- Combine features of both standard rigid laryngoscopes and flexible fibreoptic scopes.
- Light & images are transmitted using fibreoptics or lenses & prisms.
- Cameras are wide angle (see corners), some direct viewing via an eye piece or an attached or remote screen.
- They may supersede the traditional laryngoscopes.

Advantages of video-laryngoscopes

Better visualizing the glottis.

• Minimal neck movement (as in fractured cervical spines).

- More successful & faster tracheal intubation in expert hands.
- Less traumatic.

Examples of video laryngoscopes









VIDEO LARYNGOSCOPE COMPARISON

Dr Christopher Flannigan

Examples of video laryngoscopes



Bronchoscopes

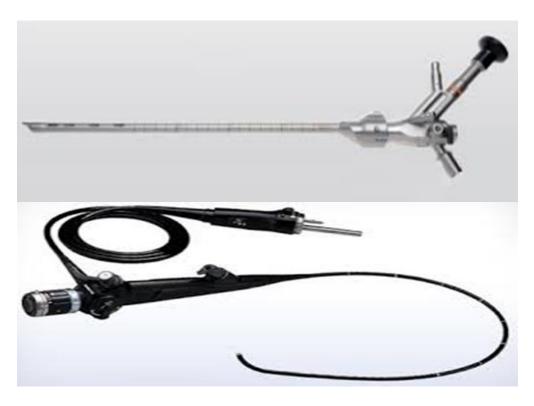
These devices are either:

1. Rigid :mainly used for foreign body extraction

from the tracheobronchial tree.

<u>or</u>

2. Flexible fibreoptic:



Fibreoptic intubating laryngoscope or bronchoscope

- These devices revolutionized airway management in anesthesia & ICU.
- Used for:
- a) Oral or nasal Tracheal intubation.
- b) Evaluation of airways in trauma, tumor, infection & inhalational injuries.
- c) Confirm endobronchial, double lumen or trachiostomy tubes correct positioning.
- d) Perform trachiobronchial toilet.

Fibreoptic intubating laryngoscope or bronchoscope



Components

- 1- Control unit:
- a) Eye piece.
- b) Focusing ring.
- c) Suction channel.
- d) Tip deflection lever (60-180).
- 2. Flexible insertion cord (10000-150000) optic fibers.
- 3. Light transmitting cable.
- 4. Accessories(oral airway ,bite block, antifogging agent.
- 5. Light source unit.
- 6. Monitor display.



Old and New bronchoscopes





New bronchoscope Power and light source and display are compacted in a single unit.



VERSION: MD20001

- 1. Delicate expensive instruments, liable for permanent damage and loss of image by careless handling.
- 2. Should be cleaned, dried and sterilized soon after use, otherwise transmit infections.

- 1- Local anesthetic spray usually Xylocaine 2%.
- 2- A bite guards to protect upper incisor teeth during laryngoscopy.





3- A ring-pull-on used to bow & adjust the tracheal tube curvature.

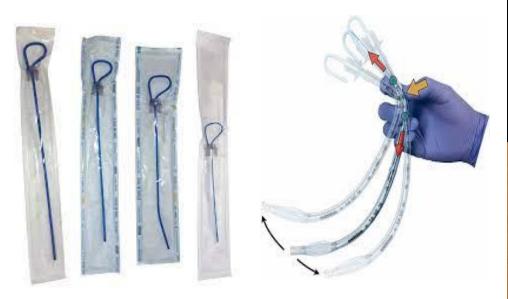
4- Thee Nosworthy airway

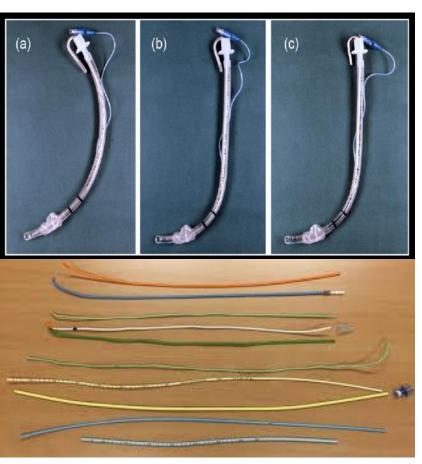
Which is a modification of oropharyngeal airway, it allows connection of a catheter mount & breathing system.



5- Tracheal tube Introducer or a stylet to adjust

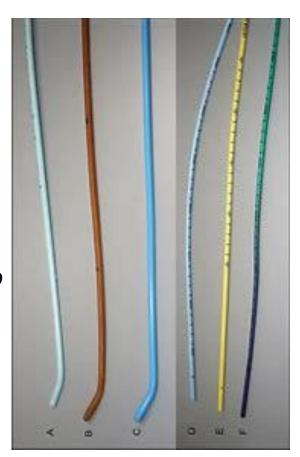
tube curvature according to the need.





6- Gum elastic bouggie:

- -It is used in difficult intubation, when laryngeal Inlet can not be visualized.
- -It is inserted 1st then the tube
- -The tube is railroaded over it.



- 7- Tube exchanger catheter.
- It's a long hollow tube.
- Specially designed
 detachable 15 mm male
 taper fit & Leur-lock
 connectors can be used for
 temporary oxygenation.



8- Lighted stylet (light wand , trachealight or Trachlite).



Source: Reichman EF: Emergency Modicine Procedures, Second Edition: www.accessemergencymedicine.com Copyright ©: The PicGraw-Hill Companies, Inc. All rights reserve



9-The Aintree intubation catheter.

-Its used with:

Fiberscope being passed
through LMA or other
supra-glottic airway devices.

-It allows any appropriate
size of tracheal tube that
may be limited by the
supraglottic airway.

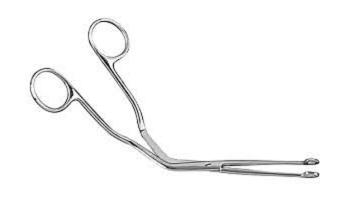




10-Magill forceps:

- -Designed for ease of use within the oropharynx.
- -They come in small & large sizes.
- -Used to:
- 1. Direct the tip of tracheal tube towards the larynx.
- 2. Insert & remove throat pack.

Care is needed to avoid Tube cuff damage or tissue injury by the forceps.



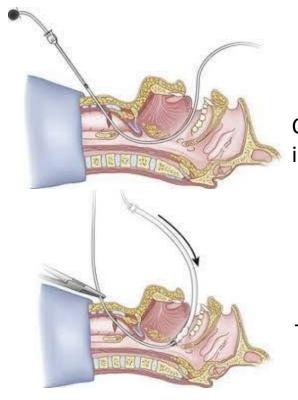


- 10-Retrograde intubation set.
- -used in cases of difficult intubation.

Components:

- 1- An introducer needle (18G,5cm length)
- 2- A guide wire with J-shaped end.
- 3- A 14G 70cm hollow catheter with distal side pores & proximal end has a 15mm connector.

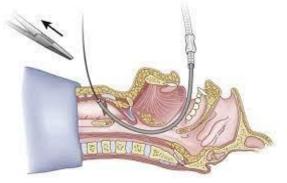
Retrograde intubation set



Catheter insertion



Tube rail-roading



Catheter pulling

- 1-Pneumothorax.
- 2-Haemorrhage.
- 3-Failure.