

### **3 T's: Tips, Tricks, Techniques 6 (Oct 7, 1997)**

Alan W. Grogono MD, FRCA

Department of Anesthesiology

Tulane University School of Medicine. New Orleans

#### **Instant Fabrication of a T-Piece from a Closed Circuit**

Patients who cannot be extubated at the end the surgical procedure require oxygen during transport and recovery. This is commonly administered via a T-piece circuit connected to the endotracheal tube. A low cost alternative to opening a new T-piece circuit is to make an equivalent T-piece circuit from the closed circuit tubing which has been used to anesthetize the patient.

This "self-made" T-piece is fabricated by cutting both the inspiratory and the expiratory hoses at approximately the same length as a standard T-piece. The oxygen is then supplied at the elbow connector to the port where the CO<sub>2</sub> analyzer tube was previously attached (see photograph). In effect this provides a T-piece in which the expiratory limb is composed of "twin" parallel tubes.

Manuel C. Vallejo, Jr., M.D.  
Wexford, PA

#### **Facilitating Endotracheal Intubation using a Laryngeal Mask Airway (LMA)**

When a Laryngeal Mask Airway is appropriately positioned, the laryngeal inlet is in close opposition to the orifice at the lower end of the LMA. This anatomical alignment can be used to facilitate the blind passage of an endotracheal tube. Prior to the insertion of the LMA, the "web" at the lower end of the tube is removed using scissors. This web will otherwise prevent passage of the tube. An endotracheal tube is then selected, lubricated, and passed through the tube to ensure it is small enough to pass freely.

Once the patient is anesthetized with the LMA in place, the endotracheal tube is advanced through the LMA and into the larynx. Manipulations which may increase success include minor adjustment up and down of the LMA placement combined with rotation of the endotracheal tube.

If these attempts fail to achieve endotracheal intubation, the modified LMA will still be in place. It may then be used to facilitate intubation using a fiberoptic bronchoscope passed via the LMA.

Michael Gold, MD  
Rancho Mirage, CA