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Using the Tubing Clamp to Prevent the Dislodgement of a Double Lumen Endotracheal Tube: Comment

To the Editor:

In the recent article from Hargrave *et al.*,[1] their figure 1 illustrates how a clamp is commonly applied to a double lumen endotracheal tube. The authors state: "Supporting the antiviral filter prevents dislodgement of the double lumen tube or bronchial blocker."[1] Although supporting the antiviral filter may help prevent dislodgement of the double lumen endotracheal tube, the weight of the tubing clamp as illustrated may be a factor in dislodging the double lumen endotracheal tube. Also, if the airway gradually narrows as one moves deeper into the bronchial system, the inflation of the bronchial cuff would tend to create a force that works to push the double lumen endotracheal tube out.

An alternative technique is to apply the clamp so that the finger rings are directed downward and toward the patient. A drape clamp can be used to secure the finger ring portion of the clamp to either the bed sheet or the head support. This can create a dislodgement stop and/or a small vector force directed to pushing the double lumen endotracheal tube inward. It is doubtful this force will contribute significantly to the pressure exerted by the bronchial balloon on the airway mucosa, particularly if the bronchial balloon is reinflated after applying and securing the clamp. Anecdotally, since using this technique, I have not experienced a double lumen endotracheal tube dislodgement.

Competing Interests

The author declares no competing interests.

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This letter was sent to the author of the original article referenced above, who declined to respond.—Evan D. Kharasch, M.D., Ph.D., Editor-in-Chief

Cryoneurolysis and Peripheral Nerve Stimulation: Comment

To the Editor:

We read the excellent review "Cryoneurolysis and Percutaneous Peripheral Nerve Stimulation to