

Anesthesiology  
63:334, 1985

### Fixation of Reinforced Silicone Tracheal Tubes

*To the Editor:*—Reinforced tracheal tubes are very useful during anesthesia for head and neck and neurosurgical procedures. The new generation of silicone

rubber wire reinforced tubes have many advantages, but are difficult to secure as adhesive tape does not adhere well to the tube, thus there is a danger of accidental extubation. A simple method to overcome this problem has been devised. Once the tube has been inserted to the desired level in the trachea, a length of strong, large diameter (0) surgical silk is wound around the tube and tied tightly. This band of silk is placed over the point at which the tube is to be taped to the lips and provides a firm attachment for the tape but also grips the tube tightly (fig. 1).

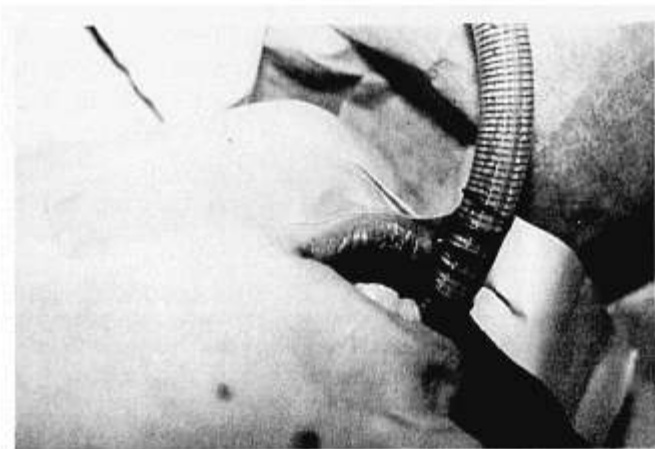


FIG. 1. Tape being applied to tube over tied encircling silk suture.

DAVID J. STEWARD, M.B., F.R.C.P.(C)  
*Anaesthetist-in-Chief*  
*Department of Anaesthesia*  
*British Columbia Children's Hospital*  
*4480 Oak Street*  
*Vancouver, British Columbia*  
*V6H 3V4, Canada*

(Accepted for publication April 9, 1985.)

Anesthesiology  
63:334, 1985

### Another Use for the Plastic Transparent Dressing

*To the Editor:*—Laser resection of airway tumors is performed through a rigid ventilating bronchoscope. Conventional methods of improving the positive-pressure seal around the bronchoscope ventilating system include

use of nose clips, packing the mouth and pharynx with a long length of gauze, and manually attempting to compress the lips against one another. In addition to these maneuvers, the positive-pressure seal can be greatly improved by placing a plastic transparent dressing (OP-SITE®, UNIFLEX®) on the face so that it covers the entire area around the lips and allows just a small slit for the bronchoscope to pass through (fig. 1). With the combination of packing the mouth with a length of gauze and coverage of the gauze and lips with the plastic transparent dressing, only a small gas leak occurs with high peak inspiratory pressures and large tidal volumes. I recommend this method of sealing the airway for others who provide anesthesia for laser resection of airway tumors.



FIG. 1.

JONATHAN L. BENUMOF, M.D.  
*Professor of Anesthesia*  
*Anesthesia Research Laboratory, T-001*  
*University of California, San Diego*  
*La Jolla, California 92093*

(Accepted for publication April 16, 1985.)