

## CORRESPONDENCE

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## Topical Anesthesia of the Airway Using the Lighted Stylet

*To the Editor:*—The lighted intubating stylet has been shown to be efficient in routine intubations.<sup>1</sup> It is faster in use than the blind nasal approach<sup>2</sup> and can be a useful tool for the management of the difficult airway or failed intubation.<sup>3,4</sup> We report a modification of the stylet that makes it suitable for providing topical anesthesia of the larynx and trachea before endotracheal tube insertion.

After a hole is made with an 18-G needle, an epidural catheter may be threaded under the casing of the stylet (Surch-lite™, #NS15, Aaron Medical Industries, St. Petersburg, FL). We have successfully modified several types of lighted stylets without altering the reusability of the stylet. With the tip of the catheter held securely at the level of the light bulb (fig. 1), the stylet is placed within the endotracheal tube. After topical anesthesia of the oropharynx has been achieved, the stylet and endotracheal tube are passed in the midline until transillumination of the larynx is observed. At this time, lido-

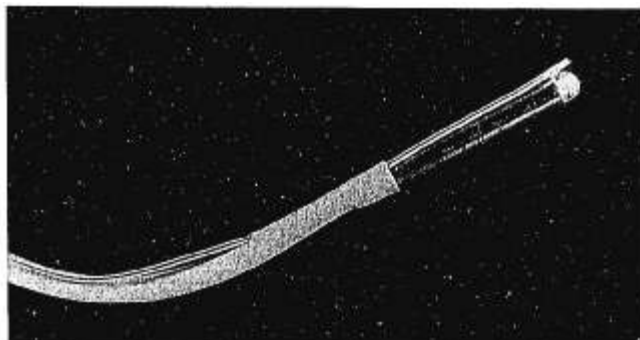


Fig. 1. Tip of lighted stylet showing attachment of catheter.

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## Postoperative Pulmonary Complications: I

*To the Editor:*—The recent study by Jayr *et al.*<sup>1</sup> comparing the effect of epidural analgesia using bupivacaine and opioids *versus* parenteral opioids concludes, "There was no difference between the two groups for the length of the hospital stay." However, there is no mention in the Methods, Results, or Discussion sections of their paper as to how the decision to discharge the patients was reached. Did an independent observer blinded to the study groups make this decision, or was the decision simply made by the attending surgeon? Were discharge criteria agreed upon in advance of the study? Were

caine may be sprayed into the trachea during inspiration. We have found that this technique provides excellent anesthesia of the larynx and trachea, facilitating intubation with the lighted stylet in the awake patient.

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the same efforts to make this a double-blinded randomized study with regard to the other variables studied applied to the effect of treatment modalities on the length of hospital stay?

I have been involved in the care of many patients who have had their postoperative pain control managed with epidural analgesics. Not uncommonly, the patient has met the surgeon's usual criteria for discharge, only to be kept in hospital because the surgeon was reluctant to discharge a patient before the length of stay dictated by historical controls and by personal experience, regardless of pain