

CORRESPONDENCE

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Intubation Sequence for Patient Presenting with Tongue Ring

To the Editor:—A 17-yr-old girl was scheduled for an outpatient diagnostic laparoscopy during general anesthesia. During the preoperative anesthetic evaluation, it was found the patient's tongue was pierced with a silver dumbbell-shaped piece of jewelry through the middle of the anterior one third of her tongue. This piercing had been done less than 1 month before this surgical procedure, and the patient did not want to remove the jewelry because it would be difficult to reinsert.

Anesthesia was performed with propofol, fentanyl, nitrous oxide, and oxygen. No difficulty with mask ventilation was encountered. Vecuronium was given to facilitate laryngoscopy. Direct laryngoscopy and visualization of the vocal cords was accomplished with a Macintosh #3 blade, and the patient was orally intubated with a 6.5 cuffed endotracheal tube. After confirmation of correct endotracheal tube placement, the tube was placed to the right side of the tongue to avoid direct compression of the ring in the tongue and then secured. The presence of the tongue jewelry did not interfere with

laryngoscopy or placement of the endotracheal tube, and there was no evidence of trauma to the tongue or dentition. Before discharge home that day, the patient's oral cavity was reexamined, and no evidence suggesting trauma from the intubation was seen. The patient had no complaints of pain, soreness, or swelling of the tongue. It appears direct laryngoscopy and oral intubation can be accomplished safely in patients with tongue jewelry as long as one is cognizant of its presence and care is exercised during the procedure.

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Body Art: Another Concern for the Anesthesiologist

To the Editor:—Body art has become increasingly popular in the 1990s, and it is not unusual for the anesthesiologist to encounter a patient with some form of body art, either openly displayed or hidden from view. "Body art" includes tattooing, scarification, and piercing of the body in "unconventional" sites. (Piercing of ear lobes and body painting ["make-up"] are not usually considered "body art".¹) We recently encountered two cases in which body art played an important role in our anesthetic management.

The first patient was a 19-yr-old woman with medical history significant for psychomotor seizure disorder, asthma, anomalous urogenital tract, and congenital hearing impairment (the patient spoke well but relied on lip reading). She presented for right knee arthroscopy and repair of medial meniscus tear. The physical examination was unremarkable except for a stainless steel barbell visible on the dorsum of her tongue and multiple ear piercings. The oral jewelry had been placed 1 day previous (figs. 1 and 2).

The patient requested an epidural for her procedure, which was placed and dosed without incident in the anesthesia induction room. She was taken to the operating room. As the block began to take effect, the patient appeared to panic, and her upper extremities began to flail about uncontrollably. We quickly induced gen-

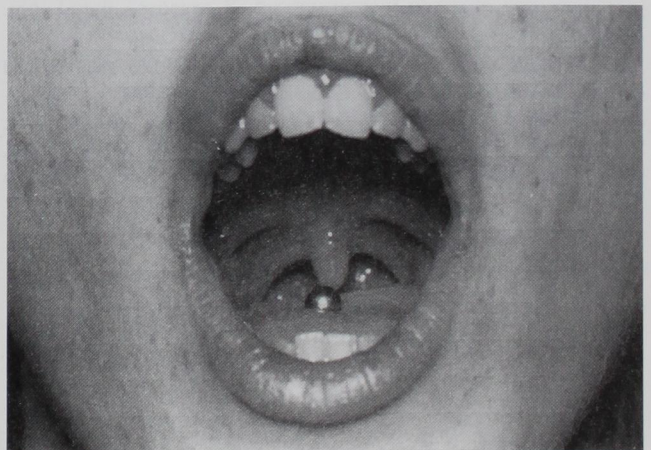


Fig. 1. Frontal view of oral jewelry.