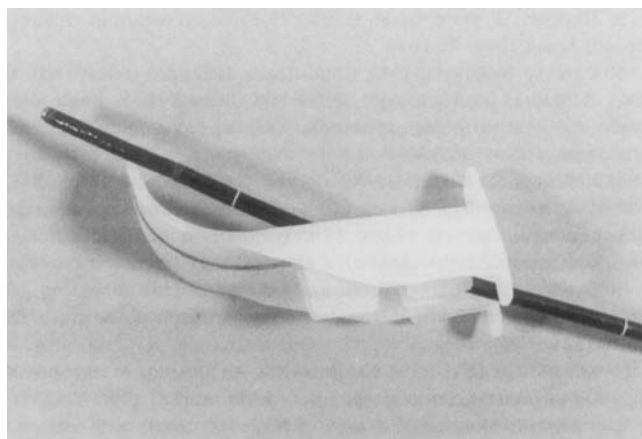


## ■ CORRESPONDENCE

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### Another Advantage of Marking Ovassapian Fiber-optic Intubating Airway

*To the Editor:*—I read with great interest the letter by Aoyama *et al.*, "Simple Modification of the Ovassapian Fiberoptic Intubating Airway."<sup>1</sup> They make the point that applying the black line on the backside of the airway helps to confirm the midline placement of the fiber-optic bronchoscope. We have been using this marking system for another reason. If the backside of the airway is not marked, the fiber-optic bronchoscope may inadvertently be passed through one of



**Fig. 1.** Shows the passage of the fiber-optic bronchoscope through one of the holes of the Ovassapian fiber-optic intubating airway.

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*In Reply:*—We thank Dr. Ravindran for his interest in our report.<sup>1</sup> We have encountered the same problem in which the fiber-optic bronchoscope passes through one of the two holes in the Ovassapian fiber-optic intubating airway.

When this problem occurs, difficulty advancing the fiberscope (between the tongue and the intubating airway) is encountered, the fiber-optic view is often obstructed, or pink oropharyngeal tissue (the tongue) and the white surface (lingual surface) of the airway are seen in the upper and the lower part of the fiber-optic view field, respectively, in contrast to the correct fiber-optic view of the airway.

We agree that the black line we pasted on the pharyngeal surface of the Ovassapian fiber-optic intubating airway would help confirm the correct placement of the fiberscope. To avoid this problem, a fiberscope should be correctly inserted into the Ovassapian airway under direct vision, or an endotracheal tube should be inserted into the airway before the fiberscope is inserted.

the two holes in the airway. This error will only be realized later when the bronchoscope is advanced and an attempt is made to advance the endotracheal tube over the fiber-optic bronchoscope (fig. 1). As the bronchoscope is advanced between the intubating airway and the palate, the black marking is identified. This marking helps to identify the midline placement of the bronchoscope and to make sure that the bronchoscope has not passed through one of the holes. If the bronchoscope passes through one of the holes, the black line will not be identified.

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