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Letter to Editor

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Palma Insertion: Introducer not Available-Suction Catheter Guided Insertion not Successful- can Laryngoscope Help????

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A 5-year male child weighing 17 kg was scheduled for corneal tear repair. Patient was conscious and oriented. Pulse was 90/min. Chest auscultation revealed wheeze and crepts. Heart sounds were normal. Nebulisation was done and hydrocortisone 40 mg was given intravenously.

Wheeze decreased. As it was an emergency surgery, it was decided to manage airway using laryngeal mask airway in view of poor chest condition. Proseal laryngeal mask airway (PLMA) was available but its introducer was not available. Suction catheter guided placement of PLMA was planned. Induction was done with fentanyl 35 µg and propofol 35 mg. After checking adequacy of ventilation, vecuronium was given. Suction catheter guided PLMA insertion was tried twice but unsuccessful. Then under gentle laryngoscopic guidance, the distal portion of suction catheter loaded with PLMA was placed 5 cm into the oesophagus with the assistant holding the PLMA & the proximal portion of the suction catheter. Laryngoscope was removed and using digital insertion technique PLMA was railroaded over suction catheter. PLMA was held in position and suction catheter was removed.

Corneal tear repair is an emergency surgery. As the patient had poor chest condition, endotracheal intubation was avoided and PLMA insertion was planned. Due to non-availability of introducer, suction catheter guided insertion was planned as suction catheter guided insertion is an easier, more successful, faster and relatively atraumatic technique which also ensures correct placement of PLMA as compared to digital technique. This technique avoids impaction of tip of PLMA at back of patient's mouth which is the main cause of failure of PLMA insertion [1]. However sometimes it may result in failure. We tried twice but unsuccessful. Then under laryngoscopic guidance, suction catheter was introduced in oesophagus and PLMA was railroaded over suction catheter, resulting in successful placement. Laryngoscope guided insertion of suction catheter helps to visualise the tip of suction catheter entering the oesophagus. In addition, it avoids pharyngeal trauma by suction catheter and also avoids accidental insertion of tip of suction catheter in glottic area, thereby avoiding the malpositioning of PLMA [2].

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