REPLY:

The primary advantage of the Wire Guided Endobronchial Blocker is that it allows the clinician to achieve one lung ventilation using a conventional endotrachial tube. The need for one lung ventilation is no longer predicated in having a special device installed in the airway, such as a Univent tube or a double lumen tube. This offers several advantages.

1. When there is no further need for one lung ventilation, the endobronchial blocker is removed, leaving the trachea intubated with a conventional endotrachial tube. The Univent device, by incorporating a molded channel into the design, offers a smaller cross-sectional area for postoperative ventilation with the same external diameter.

2. The need for one lung ventilation and airway management are independent. One lung ventilation may be achieved using a conventional endotrachial tube and the trachea intubated in any fashion independent of the need for one lung ventilation.

3. Post-operatively, there is no need for re-intubation.

4. Patients with difficult airways may be managed in the conventional fashion using a fibreoptic bronchoscope and conventional endotrachial tube, allowing the endobronchial blocker to be placed independently after the airway is secured.

The wire guide loop mechanism allows a fibreoptic bronchoscope to act as a guide to place an endobronchial bronchial blocker. The fibreoptic bronchoscope is advanced to the area to be blocked. The guide wire mechanism carries the endobronchial blocker to the area needing endobronchial blockade. The guide wire allows the fibreoptic bronchoscope and endobronchial blocker to be coupled, yet move independently. The Wire Guided Endobronchial Blocker system also incorporates a special bronchoscopy port to easily allow simultaneous endobronchial blockade, ventilation, and instrumentation of the airway. The endobronchial blocker port incorporates a Tuohy-Borst valve to make a reliable air tight seal, yet allow the blocker to be easily moved in the airway.

The primary goal of the Wire Guided Endobronchial Blocker design is to offer a new tool to achieve one lung ventilation using a conventional endotrachial tube. Under certain circumstances, the technique may offer an advantage over previous techniques.

George Arndt MD
Madison, Wisconsin, USA

Suprane® bottles with damaged O-rings

To the Editor:

We would like to report a problem we experienced with the SAF-T-FILL™ bayonet fitment of a Suprane® (desflurane) refill bottle (Zeneca Pharma, Mississauga, Ontario).

This particular desflurane refill bottle had been previously used to fill a partially empty TEC 6 desflurane vaporizer (Ohmeda, Madison, Wisconsin). When the refill bottle was removed from the vaporizer, it was observed that a portion of the white rubber "O" ring had been damaged (Figure). An attempt to use the damaged desflurane refill bottle to fill another empty TEC 6 vaporizer was made, Unfortunately, when the bayonet fitment was engaged, the spring valve mechanism activated and the bottle rotated upward into the filling position; excessive spillage occurred.

This problem was resolved by removing an undamaged rubber "O" ring from an empty desflurane refill bottle and replacing the damaged "O" ring of the partially empty desflurane refill bottle. The repaired refill bottle was successfully emptied with no further spillage.

Donald T. Jolly MD FRCP
John Young
Edmonton, Alberta

REPLY:

In response to Dr. Jolly regarding the replacement of damaged O-rings on Suprane® (desflurane, USP) bottles, I would like to state the position of Zeneca Pharma Inc., the distributor of Suprane® in Canada, and Baxter Pharmaceutical Products Inc., the manufacturer of Suprane®, on this matter:

Suprane® bottles are a unique delivery system, incorporating design features of a SAF-TFIL™ valve, which fits only the specially designed Tee 6™ Vaporizer manufactured by Datex-Ohmeda. Crimped-on SAF-T-FIL™ valves help avoid misfilling, spillage while filling the vaporizer, and release of agent into the OR environment.

As described in the Tec6™ Vaporizer Operation & Maintenance Manual, an O-ring is incorporated into the SAF-T-FIL™ valve to provide a secure seal between the bottle and the vaporizer filler port mechanism while filling the vaporizer. The bottle must be inserted into the filler port completely prior to raising the bottle up to fill the vaporizer. The O-ring may be inadvertently torn if the bottle is twisted during insertion into the vaporizer filler port.