CORRESPONDENCE

TRACHEAL CYLINDROMA: ANAESTHETIC MANAGEMENT

Sir,—Operations for the excision of tracheal lesions present an interesting challenge to the Thoracic Anaesthetist. Drs Lippmann and Mok (1977) are to be congratulated on having managed successfully the anaesthetic problems which occurred during a lengthy and difficult operation for the resection of an extensive tracheal cylindroma in a middle-aged man.

However, their having commented on the impracticability of using "double lumen tracheo-bronchial dividers" and, in fact, having used a fairly conventional method of intubation for this type of operation, it is difficult to understand the relevance of figure 2. This illustrates an array of "tracheo-bronchial dividers", some of which, not being described in the text, will be unfamiliar to your readers. Figure 4 shows the sterile circuit which was used to connect the left endobronchial tube to the anaesthetic equipment. This circuit appears to consist of the usual 1-m lengths of corrugated tubing attached to a Y-piece.

At the Wessex Regional Thoracic Unit, Southampton, we have found that a sterile, lightweight coaxial circuit, of either the Bain or Penlon type (Henville and Adams, 1976), has simplified the anaesthetic management in three patients who have had successful operations for the excision of tracheal strictures followed by a Grills-type repair.

The extra length of the coaxial circuit looped on the patient's chest has allowed freedom for the surgeon to move the tubing as required in order to obtain the best access and view for performing the tracheal anastomosis. It has also allowed the anaesthetist freedom to position his anaesthetic equipment comfortably away from the operating team clustered around the head of the operating table.

The coaxial circuit was ventilated with either a modified Cape-Waine Mark 3 Ventilator or a Pneupac Ventilator (Adams and Henville, 1977) according to the principles described by Adams (1977).

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REFERENCES

SIR,—We would like to answer Dr Machell's letter as follows.

Figure 2 represents an array of endotracheal tubes, including a Carlen's double-lumen tube, which we designed specially for this patient in anticipation of complications that might have taken place either on initial intubation or during the operation itself. It was initially thought that a Carlen's tube might work, but after viewing the lesion via...