TRAINING IN FIBROPTIC LARYNGOSCOPY

Sir,—I read with interest the editorial on “Training in Fibroptic Laryngoscopy” [1]. I propose a solution to some of the ethical and practical problems which were outlined so thoroughly by Dr Vaughan.

For the past year, we have conducted a joint diagnostic bronchoscopy list with physicians. Bronchoscopies are performed in the presence of a trainee anaesthetist, a senior anaesthetist familiar with fibroptic techniques and a physician. Two main techniques are used; both are performed through the mouth and under sedation after preparation of the airway with local anaesthetic spray and a cricothyroid puncture. The first “unaided” technique involves a standard oral intubation with the fibroptic bronchoscope with subsequent “railroading” of a tracheal tube into the trachea. The second “aided” technique involves the insertion of a Laryngeal Mask Airway with the patient awake, followed by fibroptic bronchoscopy through that airway [2]. General anaesthesia and other techniques are used occasionally where indicated on clinical grounds.

This list has advantages to all parties. For the patient the passage of a tracheal tube or laryngeal mask airway permits better oxygenation; the presence of the anaesthetist contributes to better immediate care, the physician gains exposure to airway management methods, and in difficult cases can concentrate on the procedure itself. The advantage to the trainee anaesthetist is that he can learn the basics of fibroptic bronchoscopy and become familiar with a technique for awake intubation. In addition, the trainee gains exposure to patients with poor respiratory function and may learn something about bronchial anatomy. Finally, this list has allowed us to forge better relationships with our physician colleagues.

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REFERENCES

REPORTING OF DEATHS

Sir,—The report of the tragic death of a 26-yr-old woman [1] prompts me to write to you with a suggestion. This death was not reported to the National Confidential Enquiry into Perioperative Deaths because of some local difficulties in the system which have resisted our attempts at solution. Nevertheless, the management of this patient was exemplary and the report informative; it is unfortunate that the case is omitted from the central audit system. Adverse reactions to drugs should be reported in addition to the Committee on Safety of Medicines through the yellow card system.

Editors of journals associated with our specialty might like to agree informally to encourage reporting by the simple expedient of asking authors of reports submitted for publication to do so, perhaps in their notice or guide to contributors.

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REFERENCE