
eComment. Re: Intraoperative management of failed single lung ventilation using a Fogarty balloon catheter through the open bronchus during off-pump left lung transplantation

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We have read the article by Ramesh and colleagues with great interest [1]. The authors have managed the case in an innovative way, saving the life of the patient. However, we would like to discuss a few things about this case.

The authors mentioned the sudden failure of the double lumen tube (DLT); however, the quality of lung isolation just after thoracotomy has not been mentioned. Was the left lung deflate at the time of pneumonectomy? In the authors’ opinion, the failure of single lung ventilation was ‘most likely due to continual air leak around the balloon in the enlarged airways of patients with end-stage fibrotic disease’. They do not mention the size of the DLT and how they selected that size.

The method of choosing the optimum size DLT for lung separation is a debatable issue. Kim et al. [2] recently found that there is no direct relationship between the length and diameter of the main bronchi and the height of the patients. Marked individual variability [3] contributes to the fallacies of selecting a proper size DLT on the basis of age and sex. Hannallah et al. [4] believe that the optimal left DLT size for a particular patient is defined as the largest tube that will fit in the left bronchus with only a small air leak detectable when the cuff is deflated. We think that a preoperative computed tomography scan (CT) must have been done and it can give an idea about the bronchial diameter. et al. [1] also proposed that 3D images be used to determine the size of the main bronchi. We should remember that the use of a Fogarty catheter in this scenario is only a rescue method. The bronchial diameter must be determined in such cases to select the optimum size DLT.

Finally, we wish to thank the authors for highlighting an excellent off-label use of a common device available in the operating room and hope in the near future that the Fogarty catheter will have a place in every thoracic anaesthesiologist’s emergency cart.

Conflict of interest: none declared.

References