

Firstly, although flexible fiberoptic bronchoscopy requires more skill than the retrograde intubation, yet it is the established method of choice for coping with difficult tracheal intubation.^[2,3] Retrograde intubation is also a very useful technique and has been included in the difficult airway algorithm, but it is a complex, unfamiliar technique that requires practice. The reason for rare teaching and practice is the perceived invasive nature of this procedure. Training methods such as audio-visual materials, manikin simulators and cadavers have been suggested for training in retrograde intubation.^[4] Moreover, some operator skill with fiberoptic scope is also required for finding and negotiating the larynx to reach the trachea while performing fiberoptic-aided retrograde intubation.^[5] Thus, the combination of the two techniques requires skill for both the procedures.

Secondly, the use of the suction channel of the fiberoptic scope to guide it over a retrograde guide is dependent on a dry field for vision.^[5] As the author performed this technique in a patient of oral cancer, the retrieval of guidewire through nose or mouth could lead to trauma and bleeding. Thus, the chances of successful fiberoptic intubation as well as fiberoptic-aided retrograde intubation decreases. A blind use of fiberoptic bronchoscope in the presence of secretions or blood may cause further trauma or may damage this costly equipment.

Thirdly, retrograde intubation, being an invasive procedure, may lead to various complications such as bleeding at the puncture site and inside the trachea, peritracheal and mediastinal haematoma, local surgical emphysema, pneumomediastinum and pretracheal abscess.^[5] Complications of both retrograde intubation and fiberoptic intubation are possible with this combined technique.^[6]

Besides fiberoptic bronchoscope, various other items (suction catheter, guidewire sheath, multilumen catheter, etc.) have been used as anterograde guide. Tracheal tube exchanger has also been used as an effective aid to facilitate retrograde intubation.^[7] Unlike fiberoptic bronchoscope, it is cheaper, widely available and does not need dry field or great expertise to use. Also, the use of fiberoptic scope does not offer advantage over other anterograde guides to combat the problem of folding of endotracheal tube or impingement on arytenoids, while passing it across the airway.^[6]

It is beyond doubt that, for a trained anaesthetist,

Fiberoptic-aided retrograde intubation: Is it useful to combine two techniques?

Sir,

I congratulate Das *et al.* for the successful airway management in a patient of oral cancer using fiberoptic bronchoscope for retrograde intubation.^[1] I feel that there are certain facts about this technique that need to be discussed.

retrograde tracheal intubation is a useful technique in difficult intubation situations, especially when the fiberoptic bronchoscope or expertise to use it is unavailable, or blood and secretions preclude its use. But, combining these two techniques requires greater skill and expertise, dry field for vision and extra vigilance for a higher complication rate.

Preeti Goyal Varshney, Nisha Kachru

Department of Anesthesiology and Intensive Care, Lady Hardinge Medical College, New Delhi, India

Address for correspondence:

Dr. Preeti Goyal Varshney,
BB-30A, Janak Puri, New Delhi - 110 058, India.
E-mail: doc_1998@rediff.com

REFERENCES

1. Das S, Mandal MC, Gharami BB, Bose P. Fiberoptic aided retrograde intubation in an oral cancer patient. *Indian J Anaesth* 2011;55:202-3.
2. Weksler N, Klein M, Weksler D, Sidelnick C, Chorni I, Rozentsveig V, *et al.* Retrograde tracheal intubation: Beyond fiberoptic endotracheal intubation. *Acta Anaesthesiol Scand* 2004;48:412-6.
3. Eagle CJ. The compromised airway: Recognition and management. *Can J Anaesth* 1992;39:R40-6.
4. Wijesinghe HS, Gough JE. Complications of a retrograde intubation in a trauma patient. *Acad Emerg Med* 2000;7:1267-71.
5. Dhara SS. Retrograde tracheal intubation. *Anaesthesia* 2009; 64:1094-104.
6. Retrograde intubation and flexible fiberoptic bronchoscope intubation. In: Orebaugh SL (editor). *Atlas of airway management: Tools and techniques*, 1st edn, chap 28, Philadelphia: Lippincott William and Wilkins; 2007. p. 177-80.
7. Chakraborty A, Dutta R, Rastogi V. A facilitated technique of retrograde intubation. *Internet J Anesthesiology* 2007;13. Available from http://www.ispub.com/journal/the_internet_journal_of_anesthesiology.html [Last cited on 2009 Feb 13].

Access this article online	
Quick response code	Website: www.ijaweb.org
	DOI: 10.4103/0019-5049.89908