

The above-described technique can be also used for awake AirTraq intubation. We used this method in a patient with restricted mouth opening. Following local anaesthesia, the AirTraq Avant videolaryngoscope was introduced. Although the glottis was above the centre of view, manoeuvres with device were not possible because of the restricted space. We introduced a gum elastic bougie into the ET guide channel of the AirTraq and intubated the trachea without any disturbance.

The AirTraq can be used together with a gum elastic bougie in cases of difficulties with introducing the ET when the glottis is beyond the centre of view, as is performed using a fiberoptic together with a videolaryngoscope [8], but this way is cheaper and easier to perform.

### ACKNOWLEDGEMENTS

1. Source of funding: none.
2. Conflict of interest: none.

### References:

1. Norman A, Date A. Use of the Airtraq laryngoscope for anticipated difficult laryngoscopy. *Anaesthesia*. 2007; 62(5): 533–534, doi: [10.1111/j.1365-2044.2007.05075\\_12.x](https://doi.org/10.1111/j.1365-2044.2007.05075_12.x), indexed in Pubmed: [17448079](https://pubmed.ncbi.nlm.nih.gov/17448079/).

2. Maharaj CH, Costello JF, McDonnell JG, et al. The Airtraq as a rescue airway device following failed direct laryngoscopy: a case series. *Anaesthesia*. 2007; 62(6): 598–601, doi: [10.1111/j.1365-2044.2007.05036.x](https://doi.org/10.1111/j.1365-2044.2007.05036.x), indexed in Pubmed: [17506739](https://pubmed.ncbi.nlm.nih.gov/17506739/).
3. Gómez-Ríos MÁ, Gómez-Ríos D. Endotracheal intubation using the Airtraq optical laryngoscope when the glottis is off-center of the viewfinder: are the options of optimization exhausted? *Braz J Anesthesiol*. 2015; 65(6): 534–535, doi: [10.1016/j.bjane.2014.09.010](https://doi.org/10.1016/j.bjane.2014.09.010), indexed in Pubmed: [26614155](https://pubmed.ncbi.nlm.nih.gov/26614155/).
4. Gómez-Ríos MÁ, Gómez-Ríos D. Successful combined use of the Airtraq optical laryngoscope DL and a preconfigured intubating stylet when the glottis is off-centre of the viewfinder. *Anaesth Intensive Care*. 2013; 41(6): 808–810, indexed in Pubmed: [24180728](https://pubmed.ncbi.nlm.nih.gov/24180728/).
5. Matsuyama K, Shibata M, Fujinaka W, et al. Effectiveness of gum elastic bougie for tracheal intubation with Airtraq optical laryngoscope. *Masui*. 2012; 61(1): 64–67, indexed in Pubmed: [22338862](https://pubmed.ncbi.nlm.nih.gov/22338862/).
6. Madishetti E, Kaur J, Jain R, et al. A comparative study on role of gum elastic bougie with AIRTRAQ optical laryngoscope for endotracheal intubation: aid or impediment. *Journal of Evidence Based Medicine and Healthcare*. 2016; 3(72): 3933–3939, doi: [10.18410/jebmh/2016/840](https://doi.org/10.18410/jebmh/2016/840).
7. Xue FS, Li RP, Liu GP. Infant Airtraq® for adult bougie placement. *Anaesthesia*. 2014; 69(10): 1176–1177, doi: [10.1111/anae.12837](https://doi.org/10.1111/anae.12837), indexed in Pubmed: [25204244](https://pubmed.ncbi.nlm.nih.gov/25204244/).
8. Gaszyński T. A combination of KingVision video-laryngoscope and flexible fibroscope for awake intubation in patient with laryngeal tumor—case report and literature review. *Anesthesiol Intensive Ther*. 2015; 47(4): 433–435, doi: [10.5603/AIT.a2015.0019](https://doi.org/10.5603/AIT.a2015.0019), indexed in Pubmed: [25830936](https://pubmed.ncbi.nlm.nih.gov/25830936/).

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**Należy cytować wersję:** Gaszyński T. Tips and troubleshooting during intubation with AirTraq videolaryngoscope. *Anesthesiology Intensive Ther*. 86–88. doi: [10.5603/AIT.2018.0008](https://doi.org/10.5603/AIT.2018.0008)

Anestezjologia Intensywna Terapia  
 2018, tom 50, numer 1, 89–90  
 ISSN 0209–1712  
[www.ait.viamedica.pl](http://www.ait.viamedica.pl)

## Always check anaesthetic equipment

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Sir,

Foreign bodies in the breathing system causing critical incidents and even the death of a patient have been a topic for publicity and recommendations [1–4].

Usually inert small items such as caps, bungs (plastic stoppers) and metal pieces have been reported.

We would like to emphasise the importance of checking all parts of the circuit individually. Finding an insect is rather rare.

During our routine pre-operative check, we were surprised to find this dead fly in the HME filter, which had just been taken out of a new packet (Fig. 1 A–C).

Foreign bodies can enter the equipment during wrapping, decontamination or storage. There are case reports of wrapping material or manufacturing material, such as plastic causing obstruction [5]. We believe it may have got trapped inside before packing.



Figure 1A–C

## ACKNOWLEDGEMENTS

1. Source of funding: none.
2. Conflict of interest: none.

## References:

1. Chronological Check List. A Check List of English Prose Fiction, 1700–1739. 2004, doi: [10.4159/harvard.9780674429666.c3](https://doi.org/10.4159/harvard.9780674429666.c3).
2. Carter JA. Checking anaesthetic equipment and the Expert Group on Blocked Anaesthetic Tubing (EGBAT). *Anaesthesia*. 2004; 59(2): 105–107, doi: [10.1111/j.1365-2044.2004.03617.x](https://doi.org/10.1111/j.1365-2044.2004.03617.x).
3. Medical Devices Agency. *Physiotherapy*. 2001; 87(3): 156, doi: [10.1016/s0031-9406\(05\)61088-7](https://doi.org/10.1016/s0031-9406(05)61088-7).

4. Essex Police Press Office. Inquest –accidental death contributed to by systems neglect. Essex Police Headquarters, Chelmsford, Essex CM2 6DA. ;2003.
5. Ramachandran R. Circuit obstruction — is there a foolproof way? *Anaesthesia*. 2002; 57(12): 1221–1222, doi: [10.1046/j.1365-2044.2002.02913\\_15.x](https://doi.org/10.1046/j.1365-2044.2002.02913_15.x).

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**Należy cytować wersję:** Albin M, Nikodemski T. Always check anaesthetic equipment.  
*Anaesthesiol Intensive Ther*. 2018, vol. 50, no 1, 88–89. doi: [10.5603/AIT.2018.0009](https://doi.org/10.5603/AIT.2018.0009)