

Gag and Tube: A Dangerous Duo!

To the Editor:

"A Boyle Davis mouth gag, an endotracheal tube, and a routine day in theatre"—the disaster awaits. The complication associated with this instrumentation has been highlighted in the literature on several occasions.¹⁻⁴ This letter reemphasizes the need for increased vigilance.

A patient who presented with a malignant mass of unknown primary in the neck was scheduled for elective panendoscopy with tonsillectomy under a general anesthetic. A size 6 microlaryngoscopy tube was used for intubation to optimize visualisation during panendoscopy. During the procedure, an attempt to readjust the gag position revealed that the microlaryngoscopy tube had kinked through the slit in the Boyle Davis gag (Figure 1). Following repeated unsuccessful attempts to disengage the two, the patient had to be extubated and then reintubated for the procedure to continue.

Releasing or readjusting the gag intraoperatively is common practice during such procedures. If unrecognized, this complication can be potentially hazardous and must be borne in mind by both surgeon and anesthetist,

thus avoiding disastrous interruptions to a smoothly running operating list.

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References

1. Complications post tonsillectomy and adenoidectomy. Memorandum of British Association of Otorhinolaryngologists-Head and Neck Surgeons. 9 November 2001.
2. Shirley PJ, Kulkari V, Frost N. A problem with Boyle Davis gag following difficult intubation. *Anaesthesia* 1994;49:551-2.
3. Oliver JJ, Rao J. Modification of the Doughty blade for the Boyle Davis gag. *Anaesthesia* 1994;49:89.
4. Sen AK, Gupta B. Herniation of RAE tube through gap Boyle Davis gag. *Anaesth Intensive Care* 1990;18:577-8.

DOI 10.2310/7070.2008.0014

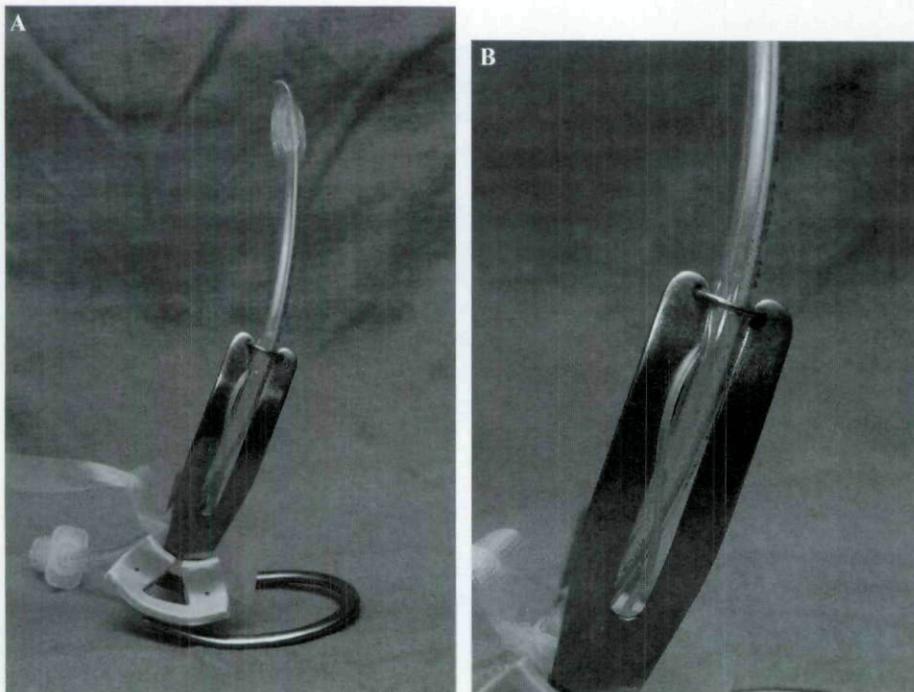


Figure 1. A and B, Photographs showing the Boyle Davis mouth gag with the kinked microlaryngoscopy tube.

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