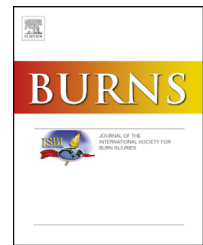


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Letter to the Editor

Comments on ‘Fixation of proseal laryngeal mask airway in a child with facial burns.’

We read with interest the technique used by Yadav and Solanki to secure the laryngeal mask airway [1].

Our unit has described its own technique for the stabilisation of the endotracheal tube or laryngeal mask airway [2] when traditional methods (adhesive tapes or ties) are unsuitable, as in facial burns requiring debridement, skin grafting and/or dressings. The ‘Gray-Rode’ technique involves the use of a nasogastric tube, encircling the hard palate for oral intubation or the nasal septum for nasal intubation, and then secured to itself using a cable tie (see Fig. 1).

Our concern (and experience) with many of the previously utilised techniques, particularly transcartilagenous or interdental sutures and wires, arch bars and the like, has been that several avoidable mucosal, dental and cutaneous injuries have resulted.



Fig. 1 – The cable tie is seen secured around the nasogastric and nasal endotracheal tubes. After the application of Biobrane for a superficial partial thickness facial burn.

We have since also published a protocol for the management of superficial partial thickness facial burns in children [3], which shows how integral our technique is for maintaining a secure airway without obscuring the surgeon's access to the wound for debridement and accurate application of Biobrane. A significant proportion of the admissions to our paediatric burns unit (more than 1000 new patients annually) sustain facial burns and to our knowledge, no complications with the use of this technique have occurred.

REFERENCES

- [1] Yadav R, Solanki SL. Fixation of proseal laryngeal mask airway in a child with facial burns. *Burns* 2013;39: 187–8.
- [2] Gray RM, Rode H. Intra-operative endotracheal tube stabilisation for facial burns. *Burns* 2010;36:572–6.
- [3] Rogers AD, Adams S, Rode H. The introduction of a protocol for the use of Biobrane for facial burns in children. *Plast Surg Int* 2011;858093. doi:10.1155/2011/858093.

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