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FLECKNELLTM

small animal laryngoscope



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INSTRUCTIONS FOR INTUBATING A RABBIT USING THE FLECKNELL LARYNGOSCOPE BLADE BY PROF. PAUL FLECKNELL

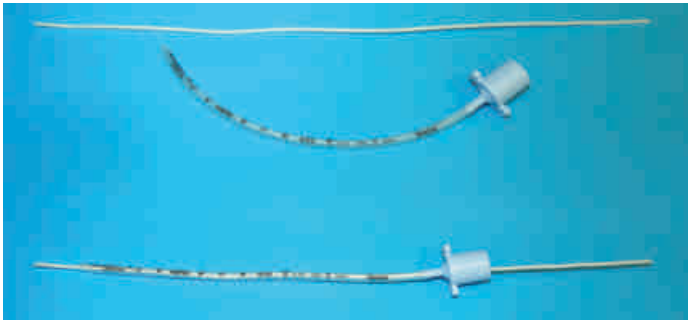


Fig 1. Introducer and 3.0mm tube, also shown is introducer positioned ready for use.

You will need a suitable sized cuffed or uncuffed tube (eg 3-3.5mm for a 3kg rabbit), and an introducer. Thread the introducer through the tube so that about 2cm of it projects beyond the end of the tube (**Fig 1**). It is also often helpful to have some lidocaine to spray and desensitise the larynx.

Position the anaesthetised rabbit on its back, making sure it is not tilting slightly to one side, as this can make visualisation of the larynx more difficult. Although you can intubate animals anaesthetised with volatile anaesthetics, you only have about 60-90 seconds to do this, so I would recommend using an injectable anaesthetic regimen to start with. Administer oxygen by face mask if you are not already doing this. If you have never intubated a rabbit before, it can be reassuring to place a pulse oximeter probe, so that you can monitor the animal during the procedure. If oxygen saturation falls below 85%, replace the face mask until it returns to 99-100%.

Crouch down so that your eyes are level with the rabbit's mouth. Pull the tongue forward and to one side, positioning it in the gap between incisors and premolars, so that it is not inadvertently traumatised by the tooth edges. Slide the laryngoscope blade into the mouth, from the opposite side to the tongue (**Fig 2**).



Fig 2. Blade being introduced to mouth.

Advance the blade over the dorsum of the tongue to the back of the pharynx (**Fig 3**). At this point you may be able to see the larynx, but if the epiglottis is positioned on the other side of the soft palate, you will need to reposition this. This is best achieved by gently pushing on the soft palate using the introducer, so that the epiglottis disengages and the larynx can be seen. If the view is poor, elevate the tip of the blade slightly. Spray the cords with local anaesthetic. Remove the blade, replace the mask, and give oxygen for about 60 seconds to allow the local anaesthetic to act. Reposition the laryngoscope blade.



Fig 3. Blade is advanced until the larynx can be seen.



Fig 4. The introducer and tube are passed through the vocal cords and into the trachea.

Pass the endotracheal tube and introducer, passing the introducer through the vocal cords (**Fig 4**). Continue to advance the tube and introducer together - you may not be able to see the tube and larynx clearly at this point. Withdraw the introducer as you continue to advance the tube. Check for correct positioning of the tube either by looking for condensation in clear plastic tubes, (holding the end of the laryngoscope handle to the end of the tube) and looking for condensation, using a capnograph, or listening for breath sounds using a modified stethoscope. If satisfied that the tube is correctly positioned, withdraw the blade, tie the tube in place, and connect it to an anaesthetic breathing circuit.

Using the Flecknell™ blade for intubation of other species

The Flecknell™ blade can be used to intubate a range of small animals. In cats, for example, the larynx can be viewed easily when using this blade. An assistant should position the animal in sternal recumbancy and open the jaw. The operator should pull the tongue forwards, avoiding the lower canine teeth, and then advance the laryngoscope blade over the tongue to visualise the larynx. The larynx should be sprayed with local anaesthetic, the blade should be removed, the mask replaced and oxygen administered for about 60 seconds to allow the local anaesthetic to act. Reposition the laryngoscope blade to visualise the larynx again and insert a 3-4mm endotracheal tube. An introducer is not usually required.