

Magill's Forceps

A Hesham

Citation

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Abstract

Dear Sir,

I once was the SHO on call covering anaesthetics for general surgery when a 60-year-old gentle man was booked for a rigid oesophagoscopy to remove an impacted big bolus of meat in the distal oesophagus. Flexible upper G.I. Endoscopy had failed to push it down to the stomach.

After a rapid sequence induction and endotracheal intubation with appropriate maintenance of anaesthesia, a rigid oesophagoscopy was carried out, but unfortunately failed to move or remove the piece of meat. The consultant surgeon then decided to proceed to a laparotomy and after opening the stomach; he failed again to draw the impacted meat down into the stomach. He also he failed to push it up the oesophagus.

Thinking together, we decided to try the adult size Magill's forceps through the stomach. Astonishingly, that was the

most suitable instrument and the big piece of meat was fragmented easily and taken completely from the stomach end.

In 1920, Ivan (later Sir Ivan) Whiteside Magill communicated an angulated forceps for manipulation within the pharynx. The Magill forceps was constructed with a bend to clear the field of vision for introducing catheters through the laryngeal aperture into the trachea, Later on it was used to place pharyngeal packs and remove foreign bodies.

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