

The Modified Nasal Trumpet: Should it be a Standard?

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Abstract

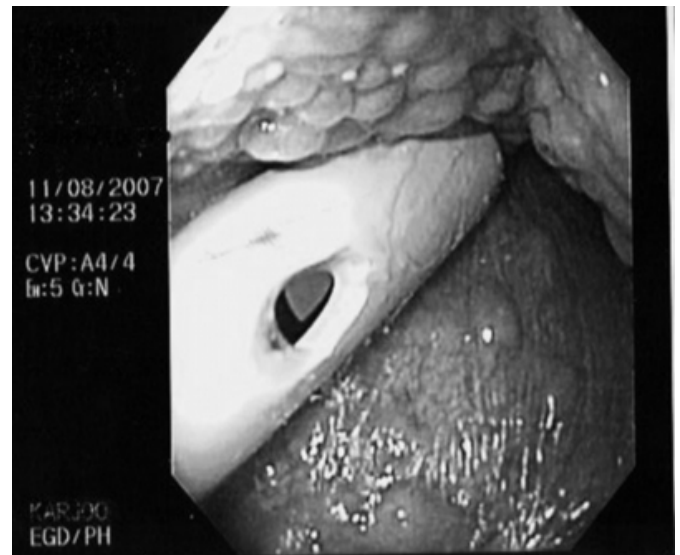
To the Editor

The modified nasal trumpet, as described by Dr Charles Beattie⁽¹⁾, involves cutting a fenestration, or “Murphy Eye”, on the convex side of the airway. Our group first made use of this modification when placing nasal trumpets for pediatric upper endoscopy procedures. We had previously noticed, by direct observation of the endoscope in the oral pharynx, the beveled opening of the nasal trumpet completely occluded by soft tissue or saliva. We often felt it necessary to move the nasal trumpet or replace it to prevent a potential hypoxic episode. Unfortunately, moving the nasal trumpet sometimes stimulated the patient which interrupted the procedure.

The modified nasal trumpet provides a degree of confidence that if the beveled end is obstructed, the nasal trumpet does not have to be moved or replaced. (picture A). Nasal trumpets are excellent airway assistance devices for patients with apnea, large tongues, and difficult airways⁽²⁾. The addition of a “Murphy eye” does not diminish the integrity of the nasal trumpet and can provide an additional level of user confidence that the patient is receiving adequate ventilation.

Figure 1

Picture A: Modified Nasal Trumpet in Posterior Pharynx (Note obstructed beveled end)



References

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