

The Origin Of The Combitube

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Citation

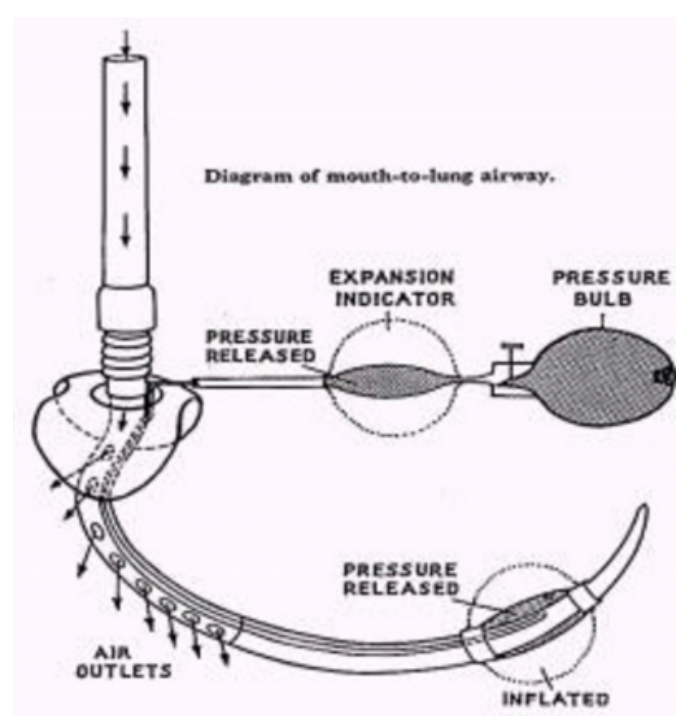
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Abstract

This editorial is in response to: Michael Frass: Combitube: The Internet Journal of Anesthesiology. 2001; Volume 5, Number 2.

After reading the article on the Combitube by Dr. Frass, we wanted to draw attention to the origin of the "Combitube". In the History and Technical Features section it is stated that the device was developed in the early eighties (1980s). Actually the prototype of the invention was developed in the 1960s by Drs. Don Michael, Lambert (of the Lambert-Eaton syndrome), and Mehran. These inventors designed this device because the "mouth-to-mouth" technique of resuscitation was felt to be "aesthetically unpleasant" and undesirably inflated the stomach. With some similarity to the modern Combitube, it was inserted in the esophagus, had a balloon for establishing the esophageal seal, perforations along the oropharyngeal segment, a bite block, a mouth guard and the short tube for delivering air in and out of the patient's lungs. (Figure below)

Figure 1



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They even predicted that a trained "ambulance-man or a nurse" could use the device, since it could be used by relatively inexperienced personnel in securing an emergency and/or difficult airway.

It is fascinating to think that a device conceived almost 40 years ago could still (after few modifications) have such an important impact today.

References

1. Michael TA, Lambert EH, Mehran A. (1968) "Mouth-to-lung airway" for cardiac resuscitation. Lancet. 1968 Dec 21;2(7582):1329.

2. Frass , Michael (2001). Combitube. The Internet Journal of Anesthesiology: 5, 2. journals/ija/vol5n2/combi.xml

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