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Letters to the Editor

Montgomery safe T-tube plug

Dear Sir,
I recently read with great interest the article 'Inhalation of a Montgomery Safe T-tube plug' in the November issue of the *Journal of Laryngology and Otology.*

There are of course many potential hazards with any device used in the airway. However, prior to this paper, I have never been informed of a single case involving the passage of a plug through the lumen of a T-tube. As a result of widespread clinical experience over the 28 year history of the tracheal T tube, many improvements have been made to the original design. In 1986, a new generation T-tube was created to include an adjustable ring washer system which helps prevent the potential complication of posterior displacement. The following year, a 'cap' was added to the existing T-tube plug to prevent migration of the plug into the lumen of the tube, even though this had not occurred.

I have attempted to reproduce the reported incident in the laboratory and have not been successful. The Safe-T-tube Plug rim was removed from several plugs and we found it impossible to push the remainder of the plugs through the T-tube lumen, even when lubricant was added. In addition, we have not seen erosion of silicone from the airway secretions and would like to learn more about the care of the plug by this patient.

The company who manufactures this product (Boston Medical Products, Inc., Waltham, MA) now uses a new enhanced tear-resistant medical grade silicone for these products, which may help to prevent this unusual event from reoccurring. In addition, I have suggested to the company that they include a spare plug with each T-tube.
Sincerely yours,
William W. Montgomery, M.D.
Massachusetts Eye and Ear Infirmary,
Boston, MA 02114, USA.

Brighton epistaxis balloon-manufacturers response

Dear Sir,
Thank you for giving Eschmann Healthcare the opportunity to reply to Mr Davis's report (pp. 140–141).

The Brighton Epistaxis Balloon has been sold by Eschmann Healthcare for many years. Over that period there have been no reported complaints of this nature.

In this instance the product sample involved was unfortunately not available for examination by our company. We would be particularly interested to examine the product for evidence of damage to the product or faults which may have occurred during or post manufacture.

Mr Davis reports that when the patient started to choke the anterior balloon 'was still inflated' and in the discussion that 'the anterior balloon remained in place'. It is not, however, clear that the balloons both remained properly inflated with the current volumes of air as recommended in our instructions.

We would like to take this opportunity to thank Mr Davis for working with the company in the compilation of this report and to the Editor for the opportunity to reply.
Yours sincerely,
Trevor Martin
Eschmann Healthcare,
Hythe,
Kent.

ENT Audit

Dear Sir,
With reference to Mr J. Tophams untitled editorial in the October issue of the *Journal of Laryngology and Otology*, we very much welcome a further contribution to the literature on Medical Audit and Otolaryngology. This largely repeats our earlier publication of which the author may not have been aware (Dingle and Flood, 1991). Possibly he experienced similar editorial pressures to ourselves and therefore had to restrict the required information that such articles should be providing. Surgeons are swamped with encouragement and exhortation to undertake audit. We need no more diagnostic codes or elaborate computer software. The hardworked, short staffed and impoverished ENT unit requires practical guidelines to getting started!

In our two year experience of formal audit meetings, useful outcome has generally been achieved by studying less ambitious topics than national tympanoplasty results. Pooled information from ward, theatre, out-patients and clerical staff has highlighted easily correctable shortcomings of which our medical staff were quite unaware. Shared experience at regional meetings of senior ENT surgeons has led to audit of day case activity, investigation of unilateral sensorineural hearing loss and procedures for obtaining informed consent in the Northern region. A role might be suggested for a specialist journal, such as this, to provide a forum for exchange of realistic ideas on audit. A regular feature allowing several departments to briefly outline interesting audit projects would be invaluable to the audit coordinator seeking inspiration.

The philosophy of audit in ENT is now widely accepted. Constructive advice to the possibly cynical or even disillusioned specialist is needed. Perhaps a future editorial should address the issue 'ENT Audit—does it influence outcome'?
Yours sincerely,
Liam M. Flood, F.R.C.S.
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References

Dingle, A. F., Flood, L. M. (1991) The implementation of audit in an ENT unit. *Journal of Laryngology and Otology*, **105:** 611–613.