



Another group of laryngeal airways allow for endotracheal intubation through the device. The most commonly used device for this indication is the LMA-Fastrach. Success rates as high as 90% have been reported though it is probably closer to 50 or 75% in most hands. Another device that advertises potential placement of an endotracheal tube is the AirQ. Insertion of the tube through the AirQ may be done blindly or via a bougie, and is simpler than with the Fastrach, though there is less experience with it in the literature. Some authors have reported up to a 50% success rate at intubation just using a bougie and a standard LMA-Classic. The important thing with any of these devices is that they first be used to establish critical oxygenation and ventilation; endotracheal tube placement should be considered a potential though unguaranteed perk.

This series of photos demonstrates blind intubation through an EAD, in this case an AirQ, using a bougie. The bougie is inserted gently through the EAD. If tracheal position is confirmed an endotracheal tube may be advanced into the trachea over the bougie and through the EAD.



Here the "patient" is ventilated via the endotracheal tube with the EAD still in place. The EAD may be removed electively when the situation has stabilized.



An alternative to placing the endotracheal tube through the laryngeal airway is to first remove the airway over the bougie, once placement of the bougie in the trachea is confirmed.



The endotracheal tube is then inserted into the trachea over the bougie.