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An evaluation of Gastro Laryngeal Tube (GLT) in patients undergoing ERCP under general anaesthesia and its comparison with endotracheal intubation

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Gastro Laryngeal tube (GLT) is a newly introduced supraglottic device specifically designed for Endoscopic retrograde Cholangio-Pancreatography (ERCP). It has a dedicated channel for the insertion of a Gastroscope and it also provides a separate patent airway whilst avoiding disadvantages of tracheal intubation. In a randomized controlled trial on 100 patients undergoing ERCP under GA, GLT was compared with endotracheal tube as an alternative airway device. Device insertion conditions, oxygenation and ventilation parameters were recorded. GLT was found to be comparable with ETT. Success rate of insertion of GLT was high (92%) and the insertion time of GLT was much shorter. Both the devices were equally effective in normal oxygenation and ventilation. The recovery time was significantly shorter and postoperative complications such as hoarseness and dysphonia were less common in GLT gp. Inserting conditions for the duodenoscope were better in GLT gp. In this study, likely to be first of its kind, it is concluded that the GLT is a suitable and better alternative to ETT as it allows adequate ventilation and is associated with faster recovery times and minimal extubation-related complications while enhancing operative conditions for gastroenterologists. Its regular use in patients undergoing ERCP is strongly recommended.

Biography

Deepak Kumar Sreevastava worked as Associate Professor for the Department of Anesthesiology and Critical Care in 2006 at Armed Forces Medical College, Pune. Later on 2011 worked as Professor for the same department. Presently he is a Member of Indian Association of Paediatric Anaesthesiologist and working in the Department Of Anaesthesiology at Command Hospital Wanowrie, Pune.

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