

Branula used as T-tube introducer for middle-ear effusion

R RAMAN, O RAHMAT

Abstract

Objective: We report a method of inserting a T-tube.

Method: A 14-G branula and a T-tube are used.

Results: This method was found to be simple and required few instruments.

Conclusions: To the best of our knowledge, this method has not previously been reported.

Key words: Otitis Media With Effusion; Myringotomy; Otologic Surgical Procedures

Introduction

Inserting a T-tube for a chronic middle-ear effusion is a difficult process. Several T-tube inserters are available on the market, manufactured by Medtronic, Xomed, Tecfen, Atos Medical, and Spiggle and Theis. Alternatively, experienced surgeons may use alligator forceps or a Zollner suction tube.¹ An easier method is suggested, using a branula, available in all operating theatres.

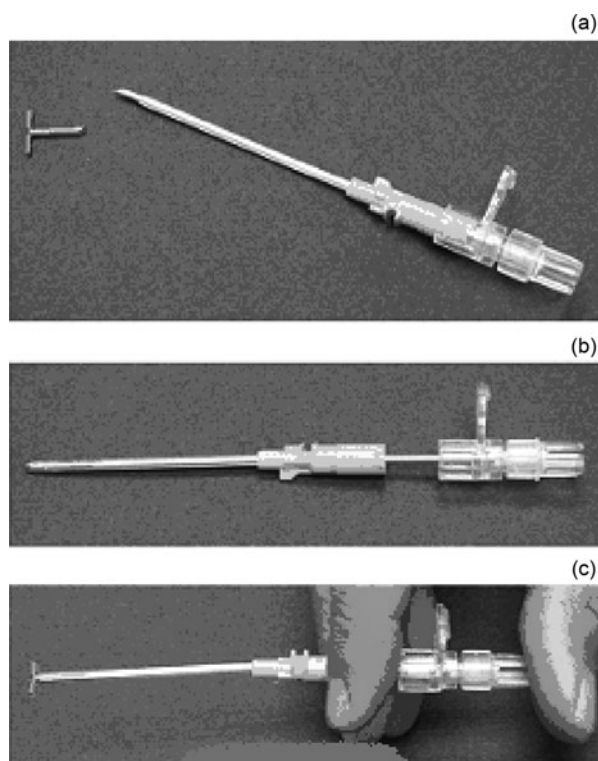


FIG. 1

(a) The branula and the bevelled T-tube. (b) The T-tube is threaded into the branula after withdrawing the needle slightly; the two phalanges are well inside the branula, with only the tip projecting out. (c) The phalanges of the T-tube open out after the needle is pushed back into the canula.

Technique

A 14-G branula is used (Figure 1a). The tympanic membrane is exposed by means of an ear speculum. The branula is connected to a sucker. A puncture incision is made in the tympanic membrane in the anterior-inferior region. Since the branula is connected to the sucker, if there is fluid in the middle ear, suction will confirm the presence of fluid. The incision can be extended with the same needle. The branula is removed from the canal and the needle is pulled out slightly. After lubricating the bevelled end of the T-tube, the T-tube is threaded into the canula until the horizontal segment of the T-tube (anterior and posterior) is well inside the canula (Figure 1b). The threading is done with hand like a thread into the eye of the needle under microscopic vision. It is easier if the two t-segments of the T-tube are folded. Alternatively a straight microforceps can be used, taking care not to crush the tube. The branula is inserted back into the ear canal. The tip of the canula is inserted into the incision on the tympanic membrane. As the needle is pushed forward, the T-tube slides into the middle ear; Figure 1(c) shows the phalanges opening out.

This procedure requires an ear speculum, 14-G branula (disposable) and sucker. Care must be taken to avoid a needlestick injury from the tip of the branula.

Reference

- 1 Charlette SD, Anari S. Tympanotomy T-tube introducer: a simple technique using a Zoellner suction tube. *Laryngoscope* 2007;**117**:563

Address for correspondence:
Professor R Raman,
Dept of Otorhinolaryngology,
Faculty of Medicine,
University Malaya,
50603, Kuala Lumpur, Malaysia.

Fax: 006079556963
E-mail: ramanr_99@yahoo.com

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From the Department of Otorhinolaryngology, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia.
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