

## An effortless way of inserting a Montgomery T-tube stent in a closed neck

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### Abstract

We describe a simple technique of replacement Montgomery T-tube insertion in a closed neck under general anaesthetic.

**Key words:** Constriction, Pathologic; Larynx; Trachea; Stents

### Introduction

The Montgomery T-tube is a silicone stent with a long central lumen and a smaller lumen projecting from the side of the stent at either a 90° or 75° angle. It is commonly used to stent the larynx after reconstruction of a subglottic stenosis or for tracheomalacia.<sup>1</sup> It is a soft stent that can be left in place for periods in excess of over 12 months. It is, however, prone to crusting and there are rare times when its removal is necessary if complete luminal obstruction should happen.<sup>2</sup> Following removal, the airway is likely to be precarious, necessitating insertion of a temporary tracheostomy tube. In such an event, endoscopic replacement of a Montgomery T-tube in a 'closed neck' is extremely challenging. We describe a simple method of insertion, with the aid of a Maloney oesophageal dilator. Maloney dilators are made of silicone and are soft and pliable with tapered distal ends.



FIG. 2

Maloney dilator is manipulated through the tracheostomy.



FIG. 1

Maloney dilator inserted into trachea endoscopically via the glottis.



FIG. 3

Upper limb of Montgomery tube is railroaded over the Maloney dilator.

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FIG. 4

The Maloney dilator with the Montgomery tube in position is retracted back towards the glottis.

### Description

Under a general anaesthetic, with gas inhalation agents given via the tracheostomy tube, suspension laryngoscopy is performed. If a stenosis is present, it can be gently dilated prior to reinsertion of the Montgomery stent.

An appropriately sized Maloney dilator is inserted into the trachea (Figure 1), endoscopically via the glottis to

the level of the tracheostome. The surgical assistant is then able to visualize and hold the tapered end, manipulating it out of the neck (Figure 2). The Maloney dilator end is then firmly inserted into the lumen of the upper limb of the Montgomery tube (Figure 3) and then both are pulled up by gentle traction via the glottis (Figure 4). Subsequently, the lower end of the T-tube can be fed down into the trachea. The patency of the tube should then be checked with the aid of a flexible endoscope passed down through the glottis.

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