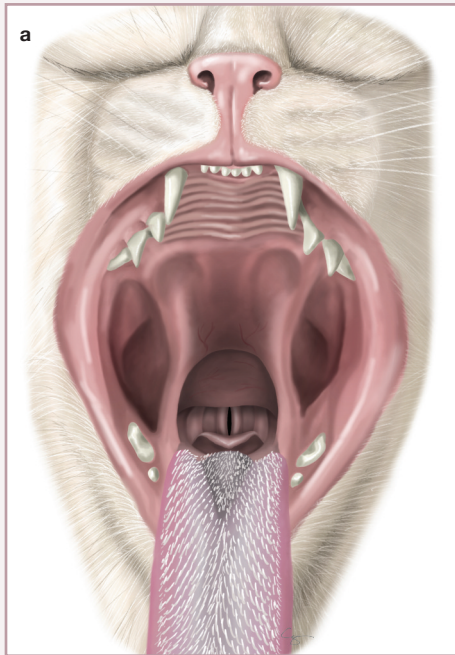
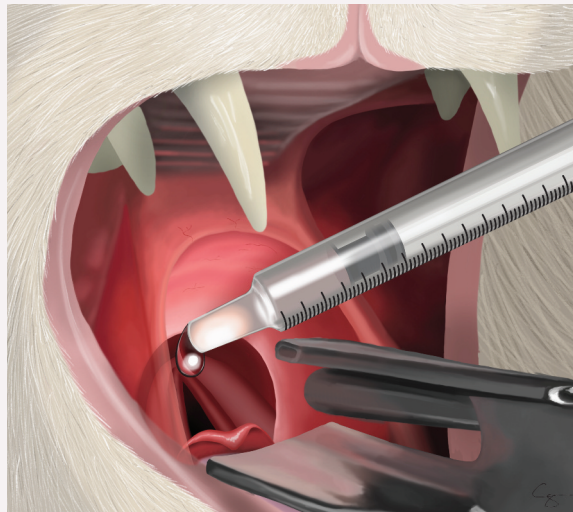
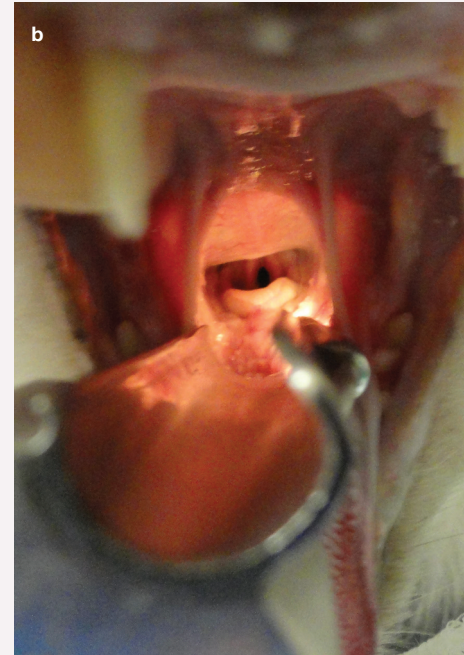


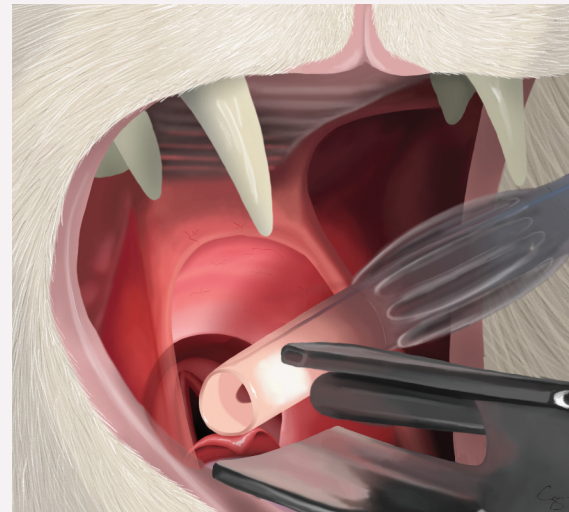
# Airway management techniques: endotracheal tube placement



**Figure 13** (a) View of cat's larynx with the mouth wide open and the cat in sternal recumbency. Under normal circumstances the ventral surface of the epiglottis would be dorsal to the soft palate, but opening the mouth and pulling the tongue produces this view. The tip of the laryngoscope should be placed just rostral to the epiglottis and pressed down to bring the opening of the larynx into view. (b) The same view as Figure 13a in a clinical patient. Courtesy of Chrisoula A Toupadakis Skouritakis (a) and Sheilah Robertson (b)



**Figure 14** A 1 ml syringe being advanced over the top of the laryngeal opening and 0.2 ml of 2% lidocaine being dropped on to the top of the arytenoids. This will take 60–90 s to work so, once the lidocaine has been applied, the cat should be put back on oxygen until this time has elapsed. Courtesy of Chrisoula A Toupadakis Skouritakis



**Figure 15** ETT being advanced into the larynx. Note that the bevel is vertical so that the end of the tube can act like a wedge to open up the vocal folds. The tube is advanced to the laryngeal opening and kept as ventral as possible. Advancing the tube on inspiration, when the laryngeal opening is at its widest, will provide the best conditions for ETT placement. Courtesy of Chrisoula A Toupadakis Skouritakis