

inventor has found empirically that the one unit assembly character of the intubation-tube placement device 100 secured to the intubation tube 116, described herein, provides a much larger surface area to be held by the health-care provider thereby greatly improving their ability to control the device and improve the success rate of intubations. The inventor has found empirically that the Eschmann stylet's surface area held by the health-care provider is considerably smaller and therefore more difficult to grasp and more importantly control with control being a critical feature during any attempted life saving procedure. Additionally, the inventor has found empirically that the Eschmann stylet's resin-coated exterior is very susceptible to cracking and flaking which can lead to foreign objects being aspirated into the bronchial airway system and to be a site for foreign debris to be retained. The inventor also points out that the Eschmann stylet is not intended to be a disposable item (as are most implementations described herein), and that the Eschmann stylet is costly to produce whereas the devices described herein is, in most implementations, entirely disposable and therefore not reliant upon a sterilizing process before use.

In addition, the methods and devices described herein differ from the related-art lighted wand technique in several ways. For example, the related-art lighted wand technique uses an intense light to trans-illuminate a patient's laryngeal structures internally which can be seen from the exterior of a patient's body to place an endotracheal tube. In contrast, the methods and devices described herein allow for placement of the endotracheal tube either blindly or by direct visual inspection of the interior of the patient's mouth and vocal cords, and light source described herein facilitates such placement by direct visual inspection.

In addition, the methods and devices described herein differ from the related-art devices and techniques in that none of the related-art devices and techniques used tactile-accentuator flaps to detect the cartilaginous rings of the patient's trachea, nor do the related-art devices and techniques provide for suction via the use of an intubation-tube placement device such as has been described herein.

From the foregoing it will be appreciated that, although specific embodiments of the invention have been described herein for purposes of illustration, various modifications may be made without deviating from the spirit and scope of the invention. Accordingly, the invention is not limited except as by the appended claims.

The foregoing described embodiments depict different components contained within, or connected with, different other components. It is to be understood that such depicted architectures are merely exemplary, and that in fact many other architectures can be implemented which achieve the same functionality. In a conceptual sense, any arrangement of components to achieve the same functionality is effectively "associated" such that the desired functionality is achieved. Hence, any two components herein combined to achieve a particular functionality can be seen as "associated with" each other such that the desired functionality is achieved, irrespective of architectures or intermedial components. Likewise, any two components so associated can also be viewed as being "operably connected", or "operably coupled", to each other to achieve the desired functionality.

While particular embodiments of the present invention have been shown and described, it will be obvious to those skilled in the art that, based upon the teachings herein, changes and modifications may be made without departing from this invention and its broader aspects and, therefore, the

appended claims are to encompass within their scope all such changes and modifications as are within the true spirit and scope of this invention.

For example, although the tactile-accentuator flaps have been described herein in the context of a specifically-crafted intubation-tube placement device, it is to be understood that such tactile-accentuator flaps would also have utility when used with other devices utilized to place intubation tubes (e.g., the Eschmann stylet, fiber optic scopes, bronchoscopes, etc.). As another example, although the specifically-crafted intubation-tube placement device secured to an intubation tube has been described herein, it is to be understood that the foregoing-described structure would also have utility when used with other devices utilized to place intubation tubes (e.g., the Eschmann stylet, the lightwand, fiber optic intubating scopes, etc.).

Furthermore, it is to be understood that the invention is solely defined by the appended claims. It will be understood by those within the art that, in general, terms used herein, and especially in the appended claims (e.g., bodies of the appended claims) are generally intended as "open" terms (e.g., the term "including" should be interpreted as "including but not limited to," the term "having" should be interpreted as "having at least," the term "includes" should be interpreted as "includes but is not limited to," etc.). It will be further understood by those within the art that if a specific number of an introduced claim recitation is intended, such an intent will be explicitly recited in the claim, and in the absence of such recitation no such intent is present. For example, as an aid to understanding, the following appended claims may contain usage of the introductory phrases "at least one" and "one or more" to introduce claim recitations. However, the use of such phrases should not be construed to imply that the introduction of a claim recitation by the indefinite articles "a" or "an" limits any particular claim containing such introduced claim recitation to inventions containing only one such recitation, even when the same claim includes the introductory phrases "one or more" or "at least one" and indefinite articles such as "a" or "an" (e.g., "a" and/or "an" should typically be interpreted to mean "at least one" or "one or more"); the same holds true for the use of definite articles used to introduce claim recitations. In addition, even if a specific number of an introduced claim recitation is explicitly recited, those skilled in the art will recognize that such recitation should typically be interpreted to mean at least the recited number (e.g., the bare recitation of "two recitations," without other modifiers, typically means at least two recitations, or two or more recitations).

The invention claimed is:

1. A method comprising:

removably securing a proximal end of an intubation-tube placement device to a proximal end of an intubation tube with a stopper such that the placement device extends through the intubation tube and a tactile accentuator flap at a distal end of the placement device extends out of a distal end of the intubation tube;

inserting the distal end of the intubation-tube placement device into a patient's oral cavity;

detecting cartilaginous rings of a trachea via the tactile-accentuator flap;

forcing the distal end of the intubation-tube placement device through the patient's vocal cords; and

axially sliding the intubation tube along the intubation-tube placement device such that the intubation tube follows the distal end of the intubation-tube placement device through the patient's vocal cords.