

instrument **30** has a length of malleable wire or stylet **31** which may be formed into a longitudinally arcuate configuration to match the generally C-shaped curve of the oropharynx along the surface of the tongue of a patient. The rear or proximal end of the wire **31** is bent into a loop to form a handle **32** which can be comfortably gripped by the hand of the operator.

A conical endotracheal tube attachment and positioning member **33** formed of resilient material is frictionally positioned on the rearward portion of the wire **31** adjacent the handle portion **32** by passing the wire through a first bore **34** in the member **33**. The tapered exterior of the endotracheal tube attachment and positioning member **33** allows frictional engagement of the rearward portion of a standard endotracheal tube **24** or tube connector **24A**. The bore **34** of the endotracheal tube attachment and positioning member **33** is slightly smaller than the exterior diameter of the wire **31** to provide frictional engagement thereon and to allow the attachment and positioning member **33** to be adjustably positioned along the length of the wire. When the endotracheal tube **24** is received over the wire **31**, the wire gives rigidity to the endotracheal tube **24** to facilitate manual manipulation.

The conical endotracheal tube attachment and positioning member **33** is provided with a second bore **35** extending therethrough parallel to the first bore **34** which is sized to frictionally receive the fiberoptic bundle **21** of a fiberoptic bronchoscope **22**. The second bore **35** frictionally engages the fiberoptic bundle **21** and allows it to move only when axial force or tension is applied to the bundle and serves as a bronchoscope positioning element.

The endotracheal tube **24** and flexible fiberoptic bronchoscope **22** are of conventional construction, and therefore, not shown in detail. As previously described, the preferred endotracheal tube **24** has a standard size connector **24A** at its rearward end and an inflatable cuff **24B** surrounding its distal end which is inflated by means of the usual small diameter air injection tube **24C** connected with the inflatable cuff and provided with a connector **24D** at its proximal end for inflating the cuff. The preferred flexible fiberoptic bronchoscope **22** has a generally tubular head portion **28**, an external light source, tip control lever **22A**, and ports **22B** on the head of the scope for O₂ insufflation or medicine insufflation and suction. The bronchoscope **22** is connected by a fiberoptic cable **22C** to a light source (not shown), and has an eyepiece **22D** at its outer end.

The bronchoscope **22** may also be provided with a longitudinal insufflation an vacuum lumen (not shown) which extends along its length and terminates at the tip at the forward or distal end of the fiberoptic bundle which is connected via the port **22B** to a source of vacuum or oxygen which allows the operator to apply suction or insufflation at the tip of the fiberoptic bundle. Alternatively, the bronchoscope **22** may also be connected to a display screen for displaying the image seen through the fiberoptic bundle.

In the embodiment of FIGS. 7 and 8, the proximal end of the endotracheal tube **24** or the handle portion **32** of the wire **31** is held in one hand, and the head **28** of the fiberoptic bronchoscope **22** is held in the other hand, and intubation is performed as described above.

While this invention has been described fully and completely with special emphasis upon preferred embodiments, it should be understood that within the scope of the appended claims the invention may be practiced otherwise than as specifically described herein.

I claim:

1. A fiberoptic intubating stylet instrument for oral fiberoptic endotracheal intubation comprising in combination:

a generally cylindrical handle configured to fit into the hand of an operator and having a forward end, a rearward end, and a central longitudinal bore;

a fiberoptic bundle positioning means at the rearward end of said handle;

a tubular telescoping fiberoptic scope support arm on said handle having releasable mounting means at an outer end for releasably mounting a fiberoptic scope thereon;

an elongate curvilinear hollow tubular stylet having a rearward end secured to said handle, a forward tip end, and a longitudinal channel extending therethrough coextensive with said handle central bore;

a fiberoptic scope releasably mounted on said support arm mounting means and having viewing means connected at a rearward end and an elongate thin flexible fiberoptic bundle which transmits light and visual images extending forwardly therefrom and terminating in a tip end and having a midsection therebetween, said fiberoptic bundle passing slidably through said fiberoptic bundle positioning means, said handle central bore and said stylet longitudinal channel;

endotracheal tube attachment and positioning means movably mounted on said stylet configured to removably engage the rearward end of an endotracheal tube and releasably maintain the endotracheal tube in a surrounding condition on said stylet;

a flexible endotracheal tube having a rearward end removably engaged on said endotracheal tube attachment and positioning means, an interior diameter surrounding said stylet when engaged thereon, and a forward tip end;

said endotracheal tube attachment and positioning means being selectively movable on said stylet for adjustably positioning and maintaining said forward tip end of said endotracheal tube relative to said forward tip end of said stylet; and

said fiberoptic bundle positioning means being engaged with said fiberoptic bundle to allow said fiberoptic bundle to slide relative thereto when sufficient axial force is applied to said fiberoptic bundle for adjustably positioning and maintaining said tip end of said fiberoptic bundle relative to said forward tip ends of said stylet and said endotracheal tube.

2. The fiberoptic intubating stylet instrument according to claim 1 in which

said tubular stylet is malleable along its length and capable of being manually formed to pass through the mouth and into the larynx of the particular patient into which the endotracheal tube is to be placed.

3. The fiberoptic intubating stylet instrument according to claim 1 in which

said tubular telescoping fiberoptic scope support arm is selectively adjustable in length along its longitudinal axis and said releasable mounting means at the outer end thereof is rotatable about said longitudinal axis.

4. The fiberoptic intubating stylet instrument according to claim 1 in which

said endotracheal tube attachment and positioning means comprises a resilient member having a central aperture frictionally and slidably engaged on the exterior of said stylet to allow said endotracheal tube engaged thereon