Dong Ho Park, Jong Dal Chung, Chang Young Jeong, Hong-seuk Yang*

Department of Anesthesiology and Pain Medicine, Daejeon Eulji University Hospital, Eulji University School of Medicine, Daejeon, Korea

Corresponding author: Hong-seuk Yang, M.D., Ph.D.
Department of Anesthesiology and Pain Medicine, Daejeon Eulji University Hospital, Eulji University School of Medicine, 95 Dunsanseo-ro, Seo-gu, Daejeon 35233, Korea
Tel: +82-33-240-5271 Fax: +82-33-251-0941
Email: hsyang@amc.seoul.kr; hongseukyang@gmail.com

*Hong-seuk Yang is now with the Department of Anesthesiology and Pain Medicine, Chuncheon Sacred Heart Hospital, Hallym University College of Medicine, Chuncheon, Korea.

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ORCID: Dong Ho Park, https://orcid.org/0000-0002-6587-3756; Jong Dal Chung, https://orcid.org/0009-0007-8942-1272; Chang Young Jeong, https://orcid.org/0000-0003-3951-1222; Hong-seuk Yang, https://orcid.org/0000-0003-2023-8705

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Response to "Comment on Usefulness of C-curved stylet for intubation with the C-MAC® Miller videolaryngoscope in neonates and infants: a prospective randomized controlled trial"

Thank you for the insightful comments made by Park et al. [1] on our previous article. As mentioned in the "Limitations" section [2], the success of intubation using a videolaryngoscope depends on the type of endotracheal tube (ETT) and videolaryngoscope, skill of the medical practitioner, and stylet angle. In our study, all intubations were performed using a cuffed ETT (Shiley™, Hi-Contour Oral/Nasal Tracheal Tube, Covidien) ID 3.0 mm and C-MAC® Miller videolaryngoscope (Karl Storz) for neonate and infant populations. Therefore, to generalize our results to a larger population, further investigations are needed.

To maintain ETT angle consistency throughout the study, we created ETT templates for both the hockey-stick- and C-curved ETTs [2]. However, we now recognize that our explanation was insufficient. The C-curved stylet is shaped like a circular quarter with a radius of approximately 13 cm. The angle between the ETT tip and end (connector part) was approximately 90° (Fig. 1A). The hockey-stick-curved

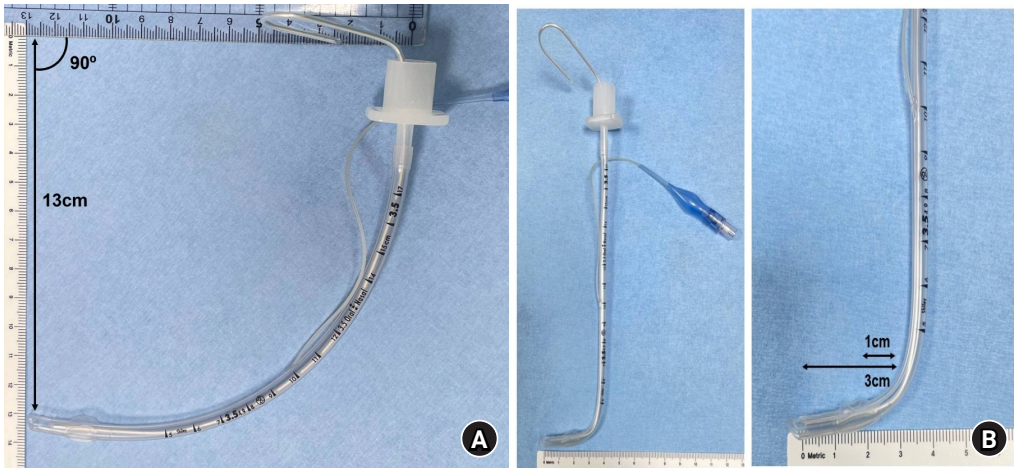

Fig. 1. Templates of stylets used. (A) C-curved stylet and (B) hockey stick-curved stylet.

stylet was bent 3 cm upstream from the tube tip (approximately 2 cm upstream of the distal end of the cuff; Fig. 1B).

Jung-Bin Park, Ji-Hyun Lee

Department of Anesthesiology and Pain Medicine, Seoul National University Hospital, Seoul National University College of Medicine, Seoul, Korea

Corresponding author: Ji-Hyun Lee, M.D., Ph.D.
Department of Anesthesiology and Pain Medicine, Seoul National University Hospital, Seoul National University College of Medicine, 101 Daehak-ro, Jongno-gu, Seoul 03080, Korea
Tel: +82-2-2072-3661 Fax: +82-2-747-8364
Email: muslab6@snu.ac.kr

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ORCID: Jung-Bin Park, https://orcid.org/0000-0002-8816-5605; Ji-Hyun Lee, https://orcid.org/0000-0002-8384-8191

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