INTRODUCTION
Endonasal intubation is a widely performed technique that allows administration of anesthetic during oral, dental and maxillofacial surgeries. Nasal intubation poses several risks not encountered in oropharyngeal intubation, most commonly epistaxis due to nasal abrasion, which can range from mild to massive epistaxis\(^1\) (Hall). A recent study by Sugiyama et al. (2014)\(^2\) found that an oral Parker Flex-Tip\(^\text{TM}\) endotracheal tube (ETT) with a posterior facing bevel, advanced with the aid of an anteriorly flexed stylette\(^3\), reduced the incidence of epistaxis to 4% compared to 50%, found with a standard ETT\(^2\). Our primary aim was to test the hypothesis that the use of the Parker Flex-Tip\(^\text{TM}\) nasal RAE tube with the posterior facing bevel reduces epistaxis compared to the standard nasal RAE ETT.

METHODS
With local ethics board approval and written informed consent, 60 ASA I and II patients undergoing oral or maxillofacial surgery where a nasal intubation would be appropriate for surgical anesthesia were recruited. Patients were randomized to either a standard nasal RAE ETT or nasal Parker Flex-Tip\(^\text{TM}\) ETT by opening a sealed envelope at induction. Both study groups had the ETT thermosoftened and lubricated prior to insertion, and size of the tube was chosen by the attending anesthesiologist based on clinical judgement prior to unblinding. Intubation was performed by the attending anaesthetist slated for that operating room. After intubation was completed an investigator blinded to tube type scored the presence of epistaxis as none, mild, moderate or severe as per definition by Sugiyama et al. (2014)
RESULTS
No epistaxis was recorded in 30% of the standard tubes vs only 26.6% for the Parker Flex-Tip™. While for moderate epistaxis Parker Flex-Tip™ 36.6% vs 30.0% for the standard tube. There were no incidences of massive epistaxis. None of these differences had statistical significance, (P < 0.5). Secondary results - ease of insertion and post-op pain (VAS) found no difference between groups.

DISCUSSION
We found no statistical significant difference in epistaxis during nasal intubation comparing the nasal Parker Flex-Tip™ tracheal tube with a standard nasal RAE ETT. The Flex-Tip tracheal tube thus does not appear to reduce the incidence of nasal mucosal trauma during nasotracheal intubation in this population compared with the conventional tip tracheal tube. Heterogeneity of study population and individual operator technique may have a greater role in the occurrence of epistaxis post nasal intubation than the design of the tube studied.

References:
