INTRODUCTION
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Endotracheal intubation, although known as early as seventeenth century, is no doubt a boon to the present day anaesthesiologists. No matter whether used for administration of anaesthesia or as a life saving procedure, in intensive therapy unit, this technique ensures a flawless respiration which is the chief concern of anaesthetist during anaesthesia and intensive therapy.

Apart from so many glittering advantages, that it provides, endotracheal intubation is also not unassociated with several major and minor complications and side effects. These side effects have been reported almost about a century after the introduction of this technique in clinical practice.

The so called postoperative "sorethroat syndrome" is still the problem and so many modifications in endotracheal tube design have been made by various workers now and then, without encouraging results. This syndrome, seen in the postoperative period is characterised by sorethroat, hoarseness of voice and difficulty in swallowing. True etiology to this problem has so far been eluding the anaesthetist, although several factors have been blamed as possible culprits. These factors which include infection, reaction to the material of tube, dry gases, local
anaesthesia, pressure of tubal cuff on tracheal wall, effect of humidification on inspired gases, effect of lubrication etc., have all been studied by various workers showing conflicting results. Even after so many improvement in endotracheal intubation technique and various modification in endotracheal tube design, the prevention of this problem has yet not been derived at conclusively.

Various workers have also studied the effect of nitrous-oxide diffusion into endotracheal tube cuff and found over-expansion of cuff due to diffusion of nitrous-oxide into cuff leading to increase cuff tracheal contact area, causing enhanced incidence of postoperative sore throat. Several workers have given different methods to eliminate this problem of nitrous oxide diffusion into cuff.

Effect of lubrication of endotracheal tubes on the incidence of postoperative sore throat is also controversial. Different workers have given different views about the effect of lubrication on the incidence of postoperative sore throat. It is only a mechanical advantage that lubrication provides, while others says about the effect of local anaesthetic that the lubricants contain in it. So varying are the results about the effect of lubrication on the incidence of postoperative sore-throat, that it becomes genuine to study the effect of the same.

Minimum study is carried out about the effect of tube on the incidence of postoperative sorethroat. Various workers have given conflicting results about the effect of
material of tube on the incidence of postoperative sore throat, so it is also included in the present study.

Same is the situation about the effect of type of cuff on the incidence of postoperative sore throat. Various workers have given different views about type of cuff to be used to minimise the incidence of postoperative sore throat. Whether cuffed tube increase or decrease the incidence of postoperative sore throat, is also controversial. So effect of cuff on the incidence of postoperative sore throat is included in the present study.

There is also not so extensive study of type of inhalational agents used during anaesthesia, on the incidence of postoperative sore throat. But ether is taken as agent used in the present study to eliminate the variable of type of inhalational agents used. Some workers have studied and given results that incidence of postoperative sore throat is maximum when ether is used as sole inhalational agents.

To summarise, the basic aim of the present study is to look into the following factors, as to how they affect the incidence of postoperative sore throat –

1. Endotracheal tubes made up of different material.
2. Lubrication.