“I Said the patient requires Post Op”
Objectives

- Types of Airway Devices
- How to Assess the difficult airway
- Managing the difficult Airway
To Maximise Success you need a 3 Stage Plan

1. We need to recognise and predict if an airway is going to be difficult
2.

- We need to select the appropriate equipment and technique
3. We need to have the appropriate skills
Objective

Very Simple

We Need to maintain adequate oxygenation to enable the patient to survive any treatment or Injury that could or has led to a compromised airway by using any adjuncts or medical devices to achieve it in the most effective way.
Airway Devices

- Guedel Airway
- Nasopharyngeal Airway
- Laryngeal Mask/Intubating Laryngeal Mask
- I Gel
- Endotracheal Tube
- Airway Exchange Catheter
- Needle Cricothyroidotomy (Remember the Anatomy may be distorted)
- Tracheostomy Tube
Guedel Airway

**Advantages**

Easy to insert on an Unconscious Patient

**Disadvantages**

Can initiate gag reflex on a semi conscious patient and lead to vomiting and aspiration
**Nasopharyngeal Airway**

**Advantages**
Easy to insert in a semi conscious or conscious patient

**Disadvantages**
Can enter the Brain in base of skull fracture. Can lead to Epitaxis
Laryngeal Mask

**Advantages.**
Easy to insert, no Laryngoscope required

**Disadvantages**
Does not protect from aspiration
Intubating LMA
(Fast Trach)
IGel

**Advantages.**
Easy to insert. No Laryngoscope required

**Disadvantages**
Does not protect from aspiration, but does have a gastric port.
Gold Standard

**Advantages**
- Protects from Aspiration.
- Good Seal

**Disadvantages**
- Highly Skilled
- Laryngoscope/Bougie
- Skilled Assistant
Bougie and Airway Exchange Catheter
Needle Cricothyroidotomy
Needle Cricothyroidotomy
Tracheostomy Tube
Assessing the Airway

We Need To.................................?
Suck a Lemon

- Look at the patients neck and anatomy
- Examine the Airway
- Mallampati
- Obstructions
- Neck Mobility
Look at the Head And Neck Anatomy

- **If the Circumference of the neck is >50cm and Mallampati 3 Consider Awake intubation.**
- **Obesity.** Rapid desaturation, difficult Intubation and ventilation
- **Beards.** Can hide the jaw line, also makes bagging with a bag valve mask difficult
- **Teeth.** Can hide a difficult airway, get in the way of intubation, damage the Tube cuff or they can get broken off and become a foreign body.
Classifying an Airway

• Get the patient to open their mouth and stick out their tongue.

• Mallampati Classification

Mallampati I: Soft palate, fauces, uvula, pillars visible
Mallampati II: Soft palate, fauces, uvula visible
Mallampati III: Soft palate, base of uvula visible
Mallampati IV: Soft palate not visible at all

The assessment is performed with the patient sitting up straight, mouth open and tongue maximally protruded, without speaking or saying “ahh.”[1, 2, 3, 4, 5]
To Maximise view you need to get the patients head in a “Sniffing the morning Air “ Position
Types of Devices to Assist in Intubation

- Magill Laryngoscope
- McCoy Laryngoscope
- C MAC
- Video Laryngoscope
- Fibre Optic Bronchoscope
Magill Laryngoscope
McCoy Laryngoscope
Video Laryngoscope
Fibre Optic Bronchoscope
Awake Fibre optic Intubation

- Always Brief the patient (You will need their cooperation)
- Plan your management of the airway (Oral Intubation or Nasal)
- ALWAYS have a plan B (Cricoidthyroidotomotmy) even a plan C (Tracheostomy)
- Remember the patient will be terrified
Preparation

- Have a selection of tubes with a fully functional cuff.
- Have spare equipment.
- Bougie/Catheter Introducer
- SUCTION
- Local Anaesthetic Solution and Jelly
- Consider Sedation
• Brief the Team of your proposed plan
• Pre Oxygenation
• Consider Nasal Prongs if performing an oral intubation at 15L/Min or Similar to deliver High Flow Oxygenation Nasally
• Nasopharyngeal Airway
• Cricoid Pressure if a full stomach
• Know your limitations. Have expert help nearby.
DeVille Bis Atomiser
Successful Outcome
Confirmation Of E.T. Placement

- Direct Visualization
- Fogging of the E.T. tube
- Ventilation shows both sides of the chest rising
- End Tidal CO2
- Pulse Oximetry
- Breath Sounds
In Summary

• Have Suction ON
• Pre-oxygenation
• If situations permit ensure you can ventilate the patient before giving a muscle relaxant
• Be aware of your experience and have a second Colleague with you.
• Brief everyone involved of your plan
• Ensure you have all the Equipment at hand
• Don’t be afraid to bail out early before the situation worsens (If Possible)
Some Useful Links

- The Vortex Approach
- Life in the Fast Lane
- Difficult Airway Society
- The American Society of Anesthesiologists
- Difficult Airway Algorithm
- ANZCA Difficult Airway Guidelines
Would you like to intubate Him?