

Preparation for difficult airway management: a Case report

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Background & Aim: A difficult airway is a clinical situation where in a healthcare provider who is skilled at airway management experiences difficulty with one or more recognized techniques.

The difficulty of airway management depends on patient characteristics, medical and surgical history, patient's current status and vital signs. Prediction of difficulty in airway management is not completely reliable.

Preoperative airway assessment should be performed routinely in order to identify factors that might lead to difficulty, and various algorithms have been outlined for managing difficult airways.

Case Study: Our patient was 79 year old female admitted for planned orthopedic surgery In "sitting position". She was obese, BMI was 37.8kg/m², with limited head and neck mobility. She suffered from HTA and Asthma bronchiale. Mallampati evaluation scored with 4, present with big tongue and limited mouth opening, thyromental distance less than 5cm.

Results: the patient was positioned with head slightly extended in the "sniffing position", preoxygenated with face-mask and 100% oxygen for 3 minutes. Standard instruments and additional equipment for intubating a difficult airway, including a fiberoptic bronchoscope, bougie, intubating stylets and laryngeal mask were available. Standard monitoring of vital signs, end-tidal capnography, and cerebral oximetry were performed.

Induction was with propofol and suxamethonium. Face-mask ventilation was adequate. At first attempt of intubation we used conventional laryngoscope. I saw the epiglottis and small posterior part of rima glottidis. Using a bougie endotracheal intubation was done successfully.

Conclusions: Good preparation for difficult airway management, with skilled persons and adequate equipment leads to successful endotracheal intubation.

Agreement: Yes