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Case Report

An innovative method of securing laryngeal mask airway in bearded patients



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To The Editor

Laryngeal mask airways (LMAs) are routinely used in anaesthesia to provide a route for ventilation during surgical procedures. Once placed, these devices must be stabilized to prevent unwanted motion which can result in malposition of these devices which is an undesirable complication in anaesthesia. Facial hair limit reliable fixation of LMA. Sikh people wear beard for religious reasons and they do not consent to shave their beard preoperatively. We hereby describe a technique to secure LMA in bearded patient which has not been described elsewhere in literature.

A 50 year old Sikh male, known hypertensive was posted for cholecystectomy. He refused to have his beard shaved preoperatively due to religious reasons. General anaesthesia was administered and Proseal laryngeal mask airway (PLMA) was placed. After placement of PLMA, securing of PLMA was challenging. We innovated a new method of PLMA fixation. We placed layers of gauze pieces on the face as shown in Fig. 1. Fixation with an adhesive tape was started from the left maxilla covering the gauze piece, securing the PLMA, then again covering the gauze piece

of other half side and finally the tape was fixed to the right maxilla.

Various methods have been employed to fix endotracheal tubes which include adhesive tape, bandage, facial hair, discarded oxygen therapy tubing, umbilical tape and surgical sutures. Bala et al. cut an eye into the steridrape and applied the steridrape in such a way that it extended from the forehead to the patient's upper chest and covered all facial hair. The endotracheal tube protruded through the eye and two strips of dynaplast were applied onto the steridrape to secure the endotracheal tube [1]. Agarwal et al. used rectangular piece made from plastic bottle of intravenous fluid with central slit for endotracheal tube and 2 side holes for tying bandage [2]. Sadawarte et al. used a method similar to Agarwal et al. to secure endotracheal tube with two modifications. Firstly, they cut an additional hole for passing suction catheter for intraoral suction. Secondly, a sterile gauze piece was placed below the rectangular plastic to avoid trauma to the burnt face [3]. Khorasani et al. used another novel method of fixing the endotracheal tube. These authors describe that with sufficiently long (> 1 cm) mustache hair, the mustache hair can be tightly taped around the endotracheal tube [4]. But none of the technique describes the fixation of PLMA in bearded patient.

We feel that the method of PLMA fixation described by us in this bearded patient is a very simple and cost effective method and can be used for PLMA fixation in any type of surgical procedure requiring PLMA.

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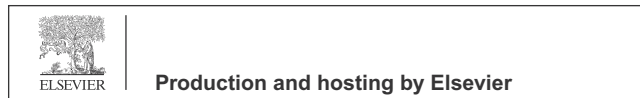




Figure. 1 PLMA fixed with gauze pieces.

Conflict of interest

The authors declare that there are no conflicts of interest.

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