DIFFICULT AIRWAY SOCIETY

Issue 5 October 2000

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Newsletter

This newsletter was written by members of the Difficult Airway Society. The opinions expressed are those of the individual members and do not represent necessarily the view of the Society.

Any feed-back on this Newsletter, submissions for future editions or correspondence should be sent to;

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DAS Web server news (Paul Rich)

The Society's web server has recently been upgraded and now offers even more features. Having finally mastered the mysteries of web form submission we are now able to create forms for user feedback on any topic. This technique has been employed in a fairly sophisticated form for on line referral of patients to the difficult airway database. We plan to use a simpler form for feedback on new airway management equipment, starting perhaps with the Scopia flexiscope and Henderson laryngoscope blade. Please send in your comments if you have had the opportunity to use these.

On the subject of the database, we had a slight hiatus whilst the issue of registration with the new Data Protection Register was considered. Now that our database has been properly registered we will process and provide secure access to the many new patient records that have been sent to us.

The Society newsletters are being published on the web server in Adobe Acrobat format. This will enable users to view the newsletter on line or download for access on the PC locally. The Adobe Acrobat reader software is cross platform compatible and available from www.adobe.com .

We would like to create an on line museum of anaesthetic equipment with photos, short video and text description. This is an appeal for pictures (preferably scanned), anecdotal tales, references and descriptions of any old or interesting pieces of airway management equipment you may have hanging around.

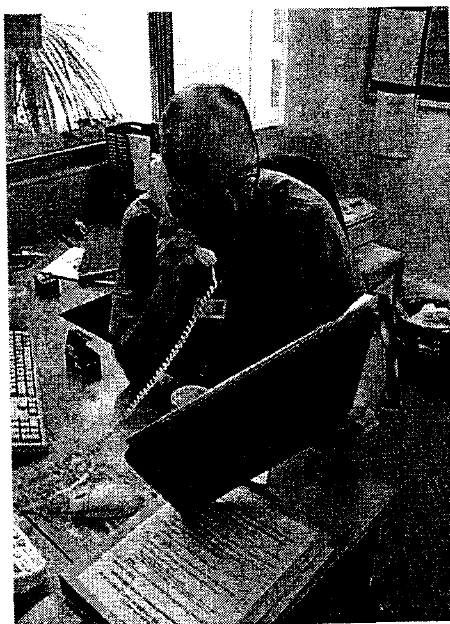
We have enabled auto-registration via a web browser on the server so please register with us when you visit the web site. When you register mention that you are a DAS member and the hospital where you work. We will then be able to provide full access privileges. Registration gives you access to the societies e-mail server and the ability to take part in discussions within the servers conferences.

We have also expanded our links page but not nearly enough. If you come across sites of interest that we should link to then drop me a line or e-mail and they will be added.

(You can contact Paul at parich@gas.mailbox.co.uk)

Visit our website at www.das.uk.com

Another airway related website you may be interested in looking at is the Austrian Difficult Airway / Intubation Registry (ADAIR) website with lots of links put together by a real enthusiast. It's available in English and German so get your wetsuits on and visit www.adair.at/



Thank you to the people who have taken the time and trouble to get in touch. It makes it much less stresful than sitting in front of a blank screen. Remember, when you've read as much as you want of this leave it in your juniors room, they may fancy joining DAS, the application form is on the back, you could even encourage consultant colleagues to join!

Consensus was that the newsletter should continue as paper copy rather than email but for those among you who prefer pixels rather than ink then all issues should hopefully be available on the website thanks to Paul Rich (see front page – as an extra bonus you can see the photos in colour!) In the papers you may have missed there 's a rarity on difficult mask ventilation and Benumof has revisited the ASA guidelines. The CCTV LMA paper may hold helpful hints for routine insertion and it's also interesting to note that the CJA has a paper on using the LMA for lap choles! My pet hate is included in the "if an LMA will be OK why do an awake intubation" Weirdest paper of the session is airway obstruction from a live leech in the larynx (ugh!). As usual our contributors have asterixed papers they consider particularly interesting – thank you to them all.

If you have any suggestions for style or content of this publication let us know – the address is on the front page. Letters are more than welcome – if you are sending them via email it would really help a still rather computer illiterate editor if you could send stuff as attachments in word as he continues to get on his colleagues nerves every time he has to ask them how to do something computerish.

Or if you know of meetings / courses that need publicising or you've got a clinical conundrum like on the sports page let us know.

Chris Frerk

Forthcoming Meetings

23rd & 24th November 2000	Difficult Airway Society meeting Manchester Telephone 0161 276 4551/2
16th March 2001	Torbay Difficult Airway Course Tel 01803 654311 Fax 01803 654312 Email **estelle.evans@sdevonhc-tr.swest.nhs.uk**
tba	4th Oxford Difficult Airway Workshop Telephone 01865 221590 Fax 01865 220027 Email maguerite.scott@orh.anglox.nhs.uk

AIRWAY PAPERS YOU MAY HAVE MISSED

Britsh Journal of Anaesthesia

Flexiblade and oral trauma. 2000; **84:** 172-4
Cricoid pressure applied after placing laryngeal mask impedes subsequent fibreoptic intubation through mask. 2000; **85:** 256-61
Mucosal presuure and oropharyngeal The LMA 'ProSeal'-a laryngeal mask with an oesophageal vent. 2000; **84:** 650-4
Spinal cord injury and direct laryngoscopy-the legend lives on. 2000; **84:** 705-709
Management of complications of tracheal surgery-a case of dehiscence. 2000; **84:** 805-7
Very interesting case discussion.
Comparison of laryngeal mask and intubating laryngeal mask insertion by the naïve intubator. 2000; **84:** 823-4
Fibreoptic view through the intubating laryngeal mask compared with the laryngeal mask airway. 2000; **84:** 161-2P
leak pressure with the ProSeal versus laryngea mask airway in anaesthetized paralysed patients. 2000; **85:** 262-6
Implications of a tracheal bronchus in adult anaesthetic practice. 2000; **85:** 317-21
Placement of double lumen tubes. 2000; **85:** 332
Identifying tracheomalacia-an alternative approach. 2000; **85:** 332-3
Book reviews: Video review: Adult intubation. Volume 3. 2000; **85:** 338

Anaesthesia

Peripartum GA without intubation: Incidence of aspiration. 2000; **55:** 421-6
Blind intubation Vs. intubation with a lightwand via the ILM. 2000; **55:** 427-31
Modified Guedel that allows oxygenation and suction during FOS/TT. 2000; **55:** 455-7
Pharyngeal abscess presenting as upper airway obstruction in the infant.. 2000; **55:** 469-74
An audit of Difficult airway equipment in A&E. 2000; **55:** 485-6
LMA and osteogenesis imperfecta. 2000; **55:** 506
3-D CT reconstructions in tracheal stenosis. 2000; **55:** 513-4
Change of position and airway obstruction. 2000; **55:** 514-5
LMA and the difficult airway. 2000; **55:** 518
Unexpected difficult intubation caused by a subglottic ring. 2000; **55:** 595-6
Airway management device (AMD®) for airway control in percutaneous dilatational tracheostomy. 2000; **55:** 596
Complications following the use of the Combitube, tracheal tube and laryngeal mask airway. 2000; **55:** 597-9
Upper airway obstruction. 2000; **55:** 600
Correct application of cricoid pressure. 2000; **55:** 600
A 'groovy' fibrescope modification. 2000; **55:** 608
A method of administering topical anaesthesia for flexible airway endoscopy. 2000; **55:** 616
How to skin a bearded cat. 2000; **55:** 619
Cricoid pressure: which hand? 2000; **55:** 648-53
The oesophageal-tracheal Combitube Small Adult™. 2000; **55:** 670-5
Combitube potential is explored.
Wegener's Granulomatosis: an unusual cause of upper airway obstruction. 2000; **55:** 682-4
Failed tracheal intubation in obstetrics: a 6-year review in a UK region. 2000; **55:** 690-4
Not another scoring system. 2000; **55:** 698
A device for cricothyrotomy and retrograde intubation. 2000; **55:** 702-4
Handbook of Difficult Airway Management. Book review. 2000; **55:** 731
Intubation during manual in line stabilisation of the head and neck. 2000; **55:** 814-5
A letterand authors reply commenting on a paper in 2000; **55:** 82-5
Training box for fireoptics. 2000; **55:** 815-6
Nosocomial infections related to fibreoptic intubation. 2000; **55:** 816-7
Tracheal rupture with a double lumen tracheal tube. 2000; **55:** 820
Problems with fashion. 2000; **55:** 834b

European Journal of Anesthesiology

Light wand intubation through the LMA 2000; 6:395-7
Airway obstructiuon from oesophageal achalasia 2000;6:398-400

Anesthesiology May – August 2000

* Difficult mask ventilation. An underestimated aspect of the difficult airway? 2000; **92:** 1217-8.
* Prediction of difficult mask ventilation. 2000; **92:** 1229-36. Five criteria were found to be independent factors for DMV: Age >55; edentulous; obesity; beard; snoring

Airway management during spaceflight. A comparison of four airway devices. 2000; **92:** 1237-41.
Acoustic reflectometry profiles of endotracheal and esophageal intubation. 2000; **92:** 1293-9.
Use of esophageal stethoscope as an introducer during nasotracheal intubation. 2000; **92:** 1503-4.
Middle turbinectomy: A complication of IMPROPER nasal intubation? 2000; **92:** 1504-5.
Arytenoid subluxation caused by laryngoscopy and intubation. 2000; **92:** 1505-6 and 1506-7.
* Pharyngolaryngeal, neck, and jaw discomfort after anesthesia with the face mask and laryngeal mask airway at high and low cuff volumes in males and females. 2000; **93:** 26-31.
** The ProSeal laryngeal mask airway. A randomized, crossover study with the standard laryngeal mask airway in paralyzed, anesthetized patients. 2000; **93:** 104-9.
* Difficult intubation in acromegalic patients. Incidence and predictability. 2000; **93:** 110-4.
** Jet ventilation through jet stylets 2000; **93:** 295-.
** Revisiting the ASA guidelines for management of the difficult airway. 2000; **93:** 295-8
Anesthetic considerations of a patient with a tongue piercing, and a safe solution. 2000; **93:** 307-8.
A versatile alternative to standard laryngoscopy. 2000; **93:** 309-10. "Vertical intubation" – useful for anaesthetist with weak shoulder, or possibly in difficult intubation
Use of the intubating laryngeal mask airway: Are muscle relaxants necessary? 2000; **93:** 340-5.
WuScope *versus* conventional laryngoscope in cervical spine immobilization. 2000; **93:** 588-9.
Use of the Univent bronchial-blocker tube for unanticipated difficult intubation2000; **93:** 590-1.
* The McCoy laryngoscope expands the laryngeal aperture in difficult intubation. 2000; **92:** 1855-6.
Macroglossia: Compartment syndrome of the tongue. 2000; **92:** 1632-835.
Another advantage of marking Ovassapian fiber-optic intubating airway. 2000; **92:** 1843

Anesthesia and Analgesia May – August 2000

* Use of a fiberscope and closed-circuit television for teaching laryngeal mask insertion. Hamaguchi,S. 2000; 91: 501. Intriguing letter - technique may be of value in insertion of LMA in difficult airway patient
High frequency jet ventilation in interventional fiberoptic bronchoscopy. 2000; **90:** 1436-40.
Jaw thrust maneuver for endotracheal intubation using a fiberoptic stylet. 2000; **90:** 1457-8
* Segmental cervical spine movement with the intubating laryngeal mask during manual in-line stabilization in patients with cervical pathology undergoing cervical spine surgery. 2000; **91:** 195-200. The ILM produces segmental movement of the cervical spine despite manual in-line stabilization in patients with cervical spine pathology undergoing cervical spine surgery. This motion is in the opposite direction to direct laryngoscopy, suggesting that different approaches to airway management may be more appropriate depending on the nature of the cervical instability.
What may be done with the jeweled tongue? 2000; **91:** 244-.
Is awake intubation necessary when the laryngeal mask airway is feasible? 2000; **91:** 246-7.
The visible epiglottis revisited. 2000; **91:** 249-.
Propofol without muscle relaxants for conventional or fiberoptic nasotracheal intubation. 2000; **91**:458-61.
Airway obstruction from uvular edema after traumatic adenoidectomy. 2000; **91:** 494-.
Bearded Sikhs and tracheal intubation. 2000; **91:** 494
Difficult airway management with Fogarty catheter balloon inflation. 2000; **91:** 495.
An unusual cause of respiratory distress: Live leech in the larynx. Pandey,C.K. 2000; **90:** 1277-8.
An AIDS-associated cause of the difficult airway: Supraglottic Kaposi's sarcoma. 2000; **90:** 1223-6.
* The laryngeal tube: A new simple airway device. 2000; **90:** 1200-2.
Curling the tip anteriorly does not facilitate laryngeal mask insertion. 2000; **90:** 1247-8

CANADIAN JOURNAL OF ANESTHESIA – May to August 2000

Tracheal intubation of outpatients with and without muscle relaxants. 2000; **47**: 427-432.
* Gastric distension & ventilation in lap chole: LMA Classic vs tracheal intubation. 2000; **47**: 622-626.
* Predicting difficult intubation: a multivariable analysis. 2000; **47**: 730-739.

ANESTHESIA AND INTENSIVE CARE. - April to August 2000.

* Macintosh laryngoscope versus ILMA in adults with normal airways. 2000; **28:** 281-286.
Sore throat & hoarseness following intubation, air or saline to inflate the cuff. 2000; **28:** 408-413.
The intubating laryngeal mask airway: effect of handle elevation on efficacy of seal, fibreoptic position, blind intubation and airway protection. 2000; **28:** 414-419.

Correspondence

Research idea
I had 5 respondents to the Henderson laryngoscope trial invitation. I believe I've written to them all inviting suggestions but so far have only heard back from Steve Yentis (ta Steve). I'll do another call on the others soon and then we can think about getting a sensible multicentre evaluation of this blade underway.
Chris Frerk, Northampton General

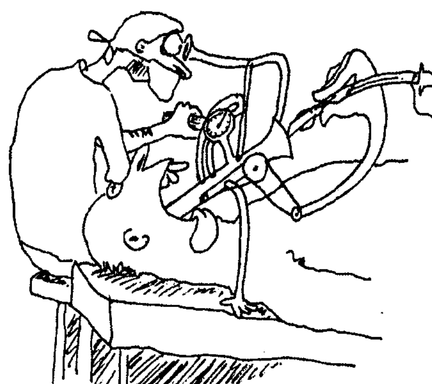
Equipment plea
Andrew Paix has been in touch, he's been hunting high and low for a supplier of left sided (left handed, I presume) laryngoscope blades. I don't know of any but if you do could you let Andrew know via email andrew.paix@which.net. If you don't have email you can let the editor know & he'll pass it on.

Newsletter
I like the new look newsletter but most of the material seems to be written by one mad bloke based in Northampton.
A.Parr (email)

Well Dr Parr that's simply because most of it is(at the moment) although I'm hopeful that the postbag will continue to fill as has started following the June edition

New Book
A member of DAS, Neil Howkins, has put together what sounds like it might be quite a good book on fibreoptics (contains a CD rom too). I've not seen it yet but the rumor is it may be at the Manchester DAS meeting. It may be reviewed in the mainstream journals and of course here in these hallowed pages if any of our contributors can get their hands on a copy (hint hint).

I have retained "the gadget" from Guy Rousseau on this page – any other artwork is welcome Guy cos it does help to break the pages up and it gives people a laugh which is always a good plan.



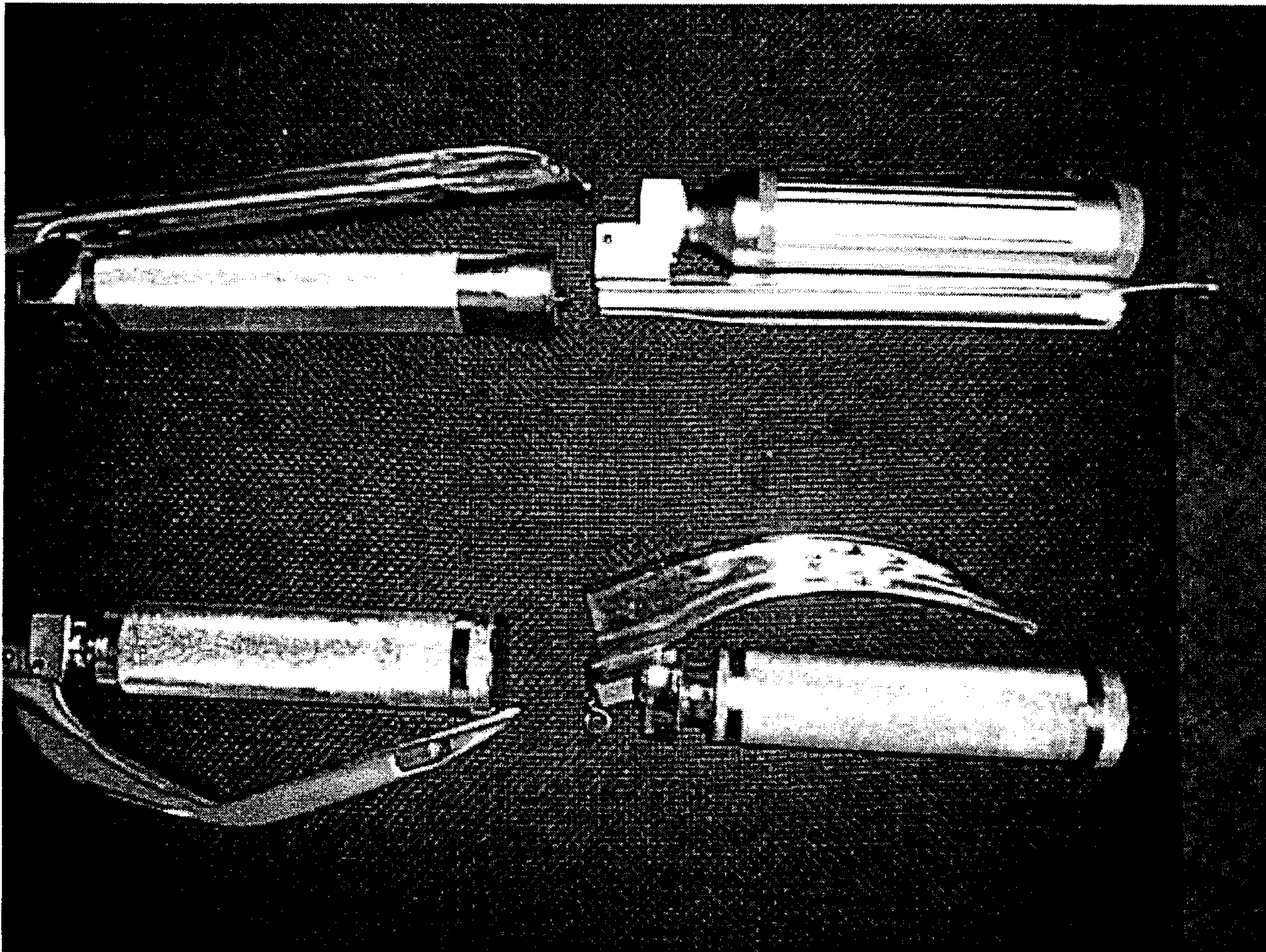
Fibreoptic Service
I work in a large DGH with 12 other consultants none of whom are au fait with the fiberscope. I provide a 24 hour fiberoptic intubation service whereby anyone who suspects or knows of a patient with difficult intubation can call me and I will come in and intubate them. This service is well received by my colleagues and gets me a great deal of experience as the difficult intubation rate in our unit is about 70-80% out of hours. I was wondering if any other DAS members run such a service and what they think?
Dr James

I think you need counselling / a life / a plastic bag and access to a greengrocer, it is the satsuma season. If anyone else has problems, do write to the editor he is a trained agony uncle!

COMPETITION TIME

Below are 4 photographs of layngoscopes, what are they? There's a prize for the first answer out of the hat (or out of the email intray) that comes close to the editors opinion on the matter.
Anyone can enter the competition (except people who have been told the answer by the editor), there is no cash alternative to the prize. The editors decision is final, correspondence is always welcome.

The winning entry and entrant will be published in the next issue of the DAS Newsletter (February 2001)



SPORTS PAGE

A man in his twenties was on a day case list for biopsy of a lymph node in the neck, the SHO anaesthetist assessed him as having no previous anaesthetics no family history of problems a normal airway and excellent exercise tolerance. His plan was midazolam, fentanyl, propofol, LMA nitrous oxide, oxygen, isoflurane.

It turned out to be pretty **sporting** but ....be honest now, how many of us would do the same ?– (OK, as you've asked, the chest Xray looks OK) Now if you've been honest read on.

Preoxygenation and induction went smoothly, the LMA went in OK but it proved impossible to ventilate the patient, the LMA was removed and facemask oxygenation was extremely difficult. Help was called for and sux was given. The larynx could be seen easily but a 9 tube wouldn't pass.
Ventilation was still nigh on impossible and saturations reached the pitch of the far left hand note on a piano with the patient a darker shade of blue than the theatre clothes of the consultant arriving to assist.
The SHO had tried and failed with an 8 tube by this time. The consultant couldn't oxygenate the patient with a facemask either but did pass a size 6 ETT (with a good hard push!) and could ventilate the patient who then pinked up nicely. A review of the CXR by a radiologist did show some mediastinal widening but even with hindsight it was difficult for the anaesthetists to see, CAT scan showed predominantly AP narrowing of the trachea. The patient was transferred to a regional unit for radiotherapy. My honest appraisal I probably would have started the same way (but without midaz cos I think it's a crap drug) If I found subglottic obstruction I wouldn't bother going just one size smaller ETT I'd go straight for a 5 or a 6 If it was too small I'd then move up a size or two. Lessons Even if you get a CXR (and how often do we) you can be fooled. And of course cricothyrotomy won't help in these patients. Aren't you glad it wasn't your list?

Application Form For Membership of Difficult Airway Society

If you would like to join the DAS, a non threatening, non expensive society then just photocopy this form fill it in and return it to the membership secretary:

Dr Ian Calder, National Hospital for Neurology and Neurosurgery, Queen Square, London, WC1N 3BG

Name ....

Address ....
....
....

email ....

Grade **Cons SpR SHO Staff Grade Other**..........................

In which specialty do you meet difficult airways ....