DIFFICULT AIRWAY SOCIETY

Issue 11 August 2004

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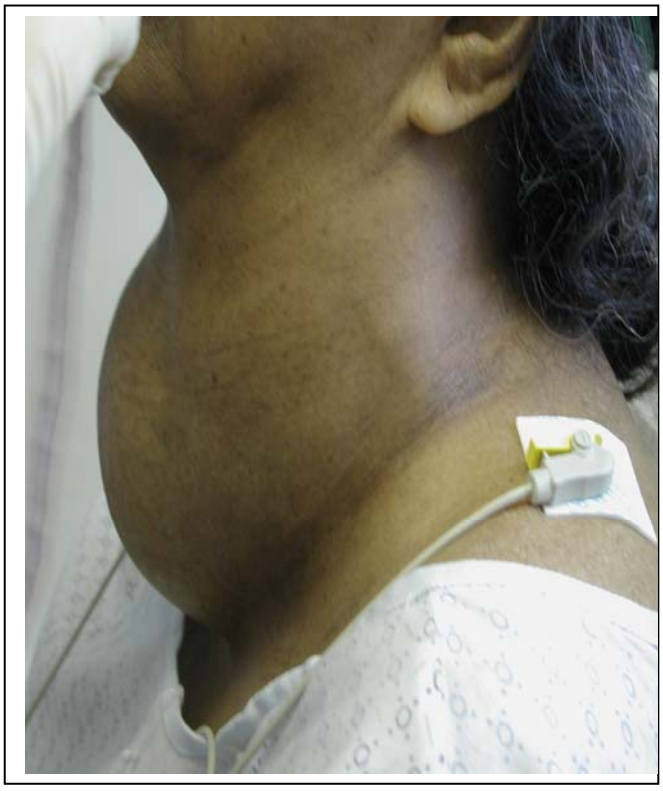

INSIDE THIS ISSUE

It's Goodbye From Him (Chris Frerk)

A couple of years ago I took over the mantle of putting together this newsletter for the DAS and I've thoroughly enjoyed myself. As time marched on I ran into the same problem that Adrian did before me, that deadlines would come and go and 9 months had passed without a publication. So hurrah I say for the young enthusiast in the shape of Anil Patel to carry the flaming beacon that is the DAS Newsletter forwards. You may have heard him speak at meetings about dodgy airways and hopefully the same enthusiasm will carry this worthy rag onwards and upwards. Do keep writing / emailing ideas, cases, meeting notices….it is your society after all.

And for those of you who are reaching for your hankies starting to sob at my departure (F:M 5:1) fear not, I'm still in the treasurers role for the next 3 meetings so all you have to do is turn up to the AGM as well as the academic bit of the Annual Meeting and I'll be able to thrill you with where your 10 quid have been spent.

The new man waits for the call

Chris has finally had enough

And It's Hello From Me (Anil Patel)

Hello to all you DAS members out there. I've been delegated the task of putting the DAS newsletter together (I don't think anyone else put there hand up) and so far so good.
A big thank you to Chris for all the hard work on the newsletter over the last few years and lets hope the great work carries on in the treasurers role.
Its been a year since the last DAS newsletter and DAS has gone from strength to strength with the preparations for the 10th DAS anniversary meeting underway for Lille in 2005. An exciting meeting due for Leicester in November 2004 and links forged with the newly established European Airway Management Society.

Any contributions for the next newsletter will be gratefully received and see you in Leicester.

Newsletter

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

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The Glasgow meeting was a great success and thoroughly enjoyed by all. For those who could not make it, or spent a little too much time enjoying the excellent hospitality Glasgow has to offer here is a reminder of Glasgow DAS 2003.

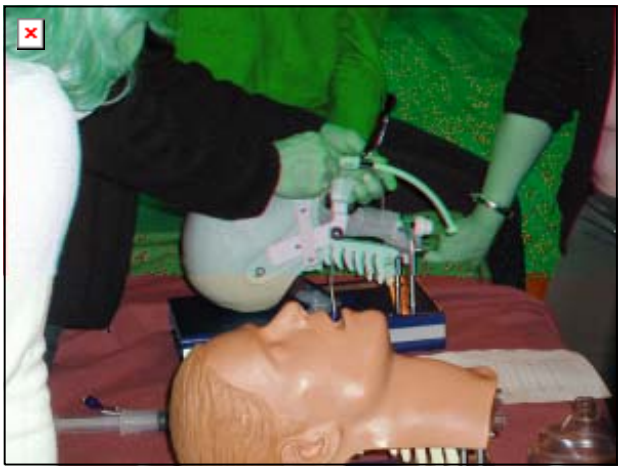
DIFFICULT AIRWAY SOCIETY ANNUAL MEETING 2003

Catherine Gardner-Thorpe SPR,

Jenny Thompson SPR,

Nuffield Department of Anaesthetics, Oxford

The 2003 Difficult Airway Society annual meeting was held in early December in Glasgow, the 'home of tracheal intubation'. The first of the three days was held at the Hunter Halls of the University and dedicated to the workshops, the first time that so much time has been allotted. This allowed delegates ample opportunity to gain the most from the experts, many internationally renowned, who demonstrated techniques and all sorts of equipment, and allowed plenty of practice! A handy CD-ROM was distributed at the end of the day with a summary of the stations. This was followed by a reception at the magnificent Victorian City Chambers, where we were formally welcomed to the City of Glasgow.



Intubating laryngeal mask workshop

The Scientific meeting started early the next day in the modern Scottish Exhibition and Conference Centre, on Finestan quay, with a session on cervical spine injury. Dr I Calder reminding us that there is a greater chance of spinal cord injury from the surgery than from us securing the airway – which can be done using a variety of devices, further reviewed by Dr D Gabbott. Speakers from around the world spoke on their areas of expertise – including the ILMA (Dr K Goldmann), Bullard laryngoscope (Dr E Crosby) and Light-guided

tracheal intubation (Prof. F Agro). The general consensus being that no one method of securing the airway is superior as long as any movement of the spine that occurs is within physiological limits.

Dr Felice Agrò's Trachlight workshop

The morning session finished with the guest lecture by Dr Peter Latto on the history and development of the bougie (soon to be renamed the Portex Venn Re-usable Tracheal Tube Introducer after its manufacturer and designer), which was very interesting and held the audiences' attention despite the proximity to lunch!

During the lunch break, when we were supplied with an excellent meal, there was plenty of time to browse the trade exhibition and get a first look at the poster presentations, the largest number to date, and of the usual superior standard.

The afternoon started with the free paper presentations; a mix of case reports and original research. These were of high quality and generated quite some discussion! Well done to Dr N Haslam and his colleagues who won with their study ' The effect of cricoid pressure on the view at laryngoscopy assessed by static and video photography' (no doubt the prize, generously donated by Keymed, of a digital camera will be very welcome). The presentation of a case of 'A patient with stridor' caused particularly heated debate – the critics were later themselves criticized, as it was felt unfair to attack a trainee who was presenting at the meeting without their consultant to support them. The academic part of the day finished with the Annual General Meeting, discussion of projects and the European Airway Management Society meeting.

Many delegates and speakers then donned their kilts and glad rags for the dinner and ceilidh in the Henry Wood Hall of the University. A delicious meal was

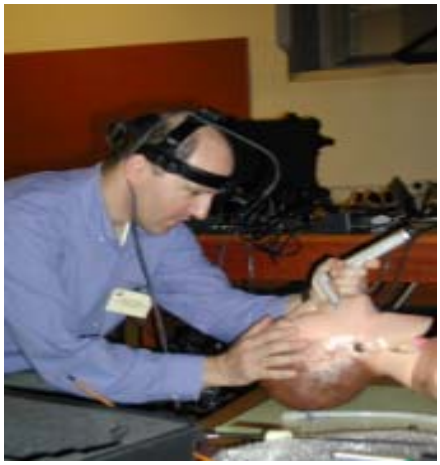
enjoyed by all and followed by a wonderful presentation of Scottish vocals by a talented local musician. The Ceilidh produced much hilarity as those 'in the know' tried to assist those very clearly 'not in the know' through an evening of Scottish dancing.

Drs Lehane and Cormack

The final day started with a session on thoracic anaesthesia and the difficult airway, with a talk comparing percutaneous and surgical tracheostomy from Dr Fang G Smith (to avoid tracheal stenosis, beware the level of puncture site and causing cartilage fractures when performing percutaneous tracheostomy). Dr J Gothard reviewed the management of difficult airways in thoracic anaesthesia and lung separation – bronchial blockers look so much easier to place than the double lumen tube. Dr E Crosby revisited the Bullard laryngoscope and how its use has some advantages over the conventional laryngoscope in the management of difficult airways when a double lumen tube is required. After coffee Dr MacLeod chaired a session on rescue techniques for a 'can't intubate, can't ventilate' situation. Dr P Biro from Zurich entertained us with his talk on transtracheal approach to the airway (including a short talk on the evolution of the airway) a reminder that it is difficult to gain expertise in transtracheal techniques because of the difficulty in justifying its use in elective cases. Dr Hardman's talk on 'physiological perspectives on apnea and the emergency airway' reminds that despite all the advances made, application of oxygen to the open airway delays hypoxaemia in the apnoeic patient and should not be forgotten. Drs Vanner and Tighe reviewed large cannula techniques for emergency cricothyroidotomy and surgical cricothyroidotomy, supplementing their workshop stations.

After lunch, Dr U Braun from Goettingen gave the second guest lecture of the meeting, an account of his team's visit to Sokoto in Nigeria, where there is a Noma hospital. He described a number of challenging cases, all of which had difficult airways, and how they were managed.

The remainder of the afternoon was made up of talks about education, training and guidelines; all the speakers had traveled to the UK from different parts of Europe or America, and included a memorable video of Dr R Levitan performing laryngoscopy on himself (see www.airwaycam.com).



Dr Mark Levitan's Airway Cam

The meeting concluded with the confirmation of the next DAS annual meeting, which is to take place in Leicester.

The hard work put in by Dr Henderson and his colleagues was evident throughout the meeting and much appreciated by all those attending. The day of workshops was a huge success, the range of local and international experts in their fields meant that there was something for everyone, whether you were a relative difficult airway novice or an expert yourself. The meeting was reasonably priced the venue and catering superb and the discount available to trainees will no doubt encourage more to attend in future – if any further encouragement is needed!

We certainly enjoyed the meeting, learnt a lot, met old friends and made new ones and have already booked leave to attend the meeting in Leicester; and suggest that anyone with an interest in airway management should do the same.

Our secretary, as well as having time to organise an international meeting, clinical commitments and instruct dance lessons in the Ceilidh is also a well known radio celebrity. Here is a recent interview on radio 1 in Scotland we have managed to acquire.

Radio 1 Interview with Dr. John Henderson 3rd December 2003

In the operating theatre it is estimated that there are risks of complications related to anaesthesia in 1:30.000 operations but a conference starting in Glasgow today is looking into how the number of deaths and other problems under anaesthesia could and should be greatly reduced. John Henderson is a consultant anaesthetist at the Western Infirmary in Glasgow.

One in 30,000 doesn't sound an awful lot?

JH: I am not going to speculate on the exact figures, some people would say that it is substantially higher than that. Some studies from France and America say 1: 50,000. St. Galen in Switzerland, a very high-class hospital, says 1: 20,000, but nobody really knows the truth because these figures are not kept accurately.

Ok of course and there are some deaths in there as well. What goes wrong?

JH: Well it is not concerned with looking after the breathing passages, the airway and in most patients it is straightforward but in some it is very, very difficult and the standard skills are not enough to prevent or get out of trouble. There are groups like the Difficult Airway Society in the United Kingdom and the Society for Airway Management in America that are working to try to improve training, as we are trying to do in Glasgow today. In France and in Italy we have national programmes and in some hospitals in Switzerland who achieve very high success rates in training anaesthetists in a wider range of airway skills.

Airway skills? Can you explain that a little bit more and also why the training is lacking in the first place. It's something if your lying there on the bed waiting to be anaesthetised you would hope to have 100% faith in the person doing it and knew exactly what they were doing in all areas.

JH: Well, the airway is the passage through which you breathe and anybody who becomes unconscious or anaesthetised various things happen, the larynx doesn't protect the airway properly, the tongue falls back and in most people it is not a problem, but some for various anatomical reasons that we understand in somebody it becomes quite difficult. So to manage all patients safely you need a slightly greater range of skills than has been accepted in the past and what I am telling you is accepted by members of the Difficult Airway Society.

Because of the range of our different reactions to this equipment and to these problems

JH: It is not so much reactions, it's of anatomical and disease features between individuals.

Oh, I see. So how do you improve that knowledge in the training, how do you completely cover that then?

JH: Well I think that it can be done, it has been done in Switzerland and there are a couple of more techniques, one of them is a technique called flexible fibreoptic intubation. It has been around for more than 35 years, in some hospitals they have achieved a very high success rate in getting a lot of people to be able to use it and the other thing that hasn't really been stressed in the past is the use of rescue techniques or surgical techniques of securing an airway through the neck. Now it is rarely needed, but it is occasionally needed and people have not been trained to use it in the past.

Very interesting, thank you very much for talking to us John Henderson, consultant anaesthetist from the Western Infirmary in Glasgow.

Difficult Airway Meeting – Southern Italy

A warm welcome was extended to the British speakers at Southern Italy's first major conference on Difficult Airways held near Naples on 11th and 12th of September 2003. This meeting with over 280 delegates was organised by anaesthetist Corrado Caffagi. Tim Strang from Manchester introduced the concepts and failings of airway assessment and introduced the Italian hosts to the DAS guidelines recently produced by J. Henderson. New airway devices were presented by Prof. G. Frova (Milan) and Michael O' Neil from Huddersfield. Pavel Michaelik from Prague also produced interesting videos demonstrating local blocks for awake intubation. James Palmer from Manchester joined the team for equipment demonstrations including live awake laryngoscopy on Tim Strang (getting his own back). The meeting concluded with Donald Miller from South Africa presenting an elegant review of new and old supraglottic airways including his recently developed Slipa device.

Tim Strang, Manchester

The European Airway Management Society

The European Airway Management Society is now officially established and it is taking membership applications through the Web site www.eams.eu.com

The first scientific meeting was held on 6th June 2004 as part of the ESA meeting in Lisbon EAMS presented an all-day session on airway management and also ran airway workshops

Information about future meetings and details of registration can be found on the website www.euroanaesthesia.org

PAWS - Portsmouth Airway Workshops
Friday 5th November 2004
Quad Centre, Queen Alexandra Hospital, Portsmouth

Registration £100 (includes refreshments)
Approved for 5 CEPD points

Course Directors: Dr Sean Elliott and Dr Denise Carapiet
For further details please contact

Dr Elsbeth Dyson, Queen Alexandra Hospital, Cosham, PO6 3LY, Tel: 02392 28629

Other Courses

Royal College of Anaesthetists Airway Workshop – educ@rcoa.ac.uk
Difficult Airway Management Education DAME, Cardiff – michele.jones@cardiffandvale.wales.nhs.uk
Oxford Airway Management Course – marguerite.scott@orh.nhs.uk
Oxford Basic Airway Skills Course Organisers Training Workshop – ayubkhurram@aol.com
Edinburgh Fibreoptic |Intubation Workshop – anaes@ed.ac.uk
Cambridge Fibreoptic Endoscopy Course – lisa-jane.brennan@addenbrookes.nhs.uk
Norwich Endoscopy Airway Training (NEAT) – keeley.brundle@nnuh.nhs.uk
Difficult Airway Course Torbay Hospital- nicola.woodbridge-smith@nhs.net

SPORTS PAGE

A 55 year-old man was scheduled for a resection of pharyngeal carcinoma, radical neck dissection, forearm free flap and tracheostomy. On preoperative assessment, there was no history of dsyphagia, stridor or dyspnoea. He was a 'burly' chap but had no obvious facial deformity and mask-ventilation looked feasible. Mouth opening was reasonable, Mallampatti class 3, jaw-protrusion grade b, and neck movements OK. Plan A was to perform an asleep, apnoeic nasal fibreoptic intubation.

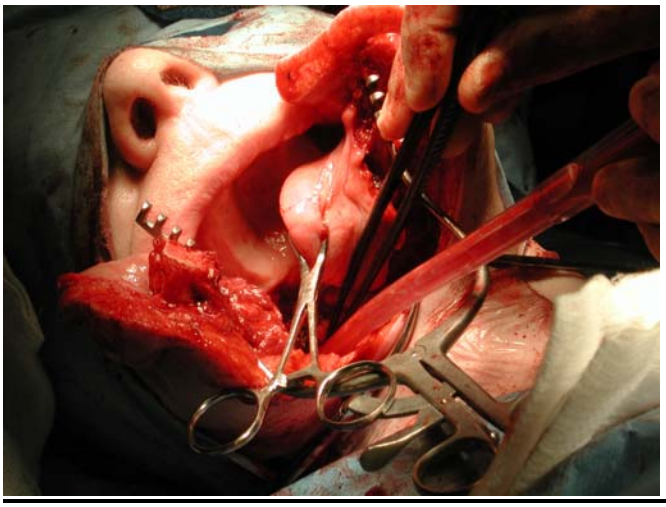
He was anaesthetised with Propofol, fentanyl and atracurium 50mg and was difficult to mask ventilate. Guedel airway provided a reasonable airway but caused the tumour to bleed. Fibreoptic endoscopy proved impossible, in experienced hands, due to the bleeding and falling saturation. Macintosh 3 blade gave a grade 4 laryngoscopy. What would you do next?

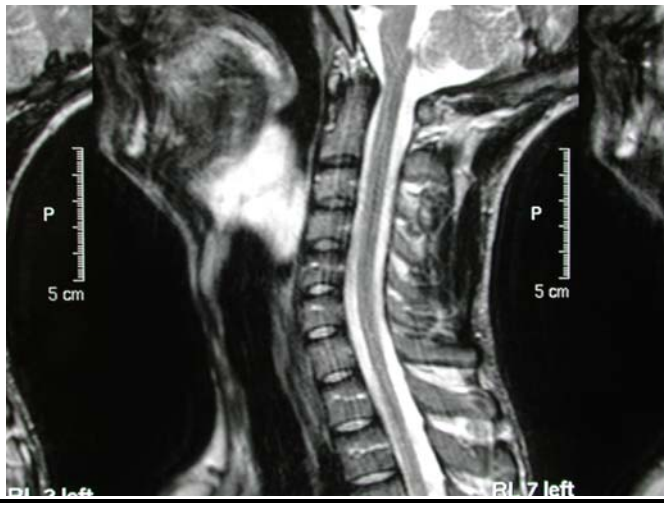
What did happen?

Called for help of even more experienced colleague and consultant ENT surgeon, told scrub staff to get tracheostomy kit ready. Looked in with straight blade and with right-handed laryngoscope (tumour on right side), still just about grade 3 (with abnormal, barely identifiable epiglottis). Mask-vent still possible, but difficult. Strong reasons to secure airway pretty urgently and to proceed with surgery, therefore needle cricothyroidotomy performed. Then intubated orally with great skill by the previous editor using straight blade and bougie. The surgery was subsequently uneventful.

Lesson from this

Have a high index of suspicion in such cases and a low threshold for awake intubation. Looking at the CT scan and even talking to the surgeon can be helpful!





Treasurers update:

Over the last couple of years the Society has had trouble tracking payments and linking them to individual members. Over the next few months I hope to contact most of the members to review the way the standing orders are recorded by their banks when transferring the subscriptions to DAS.

I've also identified that several members have set up more than one standing order and while an extra £10 is nice in the coffers it's probably better spent by you on a nice bottle of wine, so I'll be trying to sort that out too.

In the meantime I'd be grateful if you could look out your standing order details so that you'll be ready when the individual letter arrives.

Thanks
Chris Frerk

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 Chris Frerk, Department of Anaesthesia, Northampton General Hospital, Billing Road, Northampton, NN1 5BD.

treasurer@das.uk.com

Name ……

Address ……
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email ……

Difficult Airway Society
Annual Meeting
24-26 November 2004

Leicester City Football Club Walkers Stadium
And Leicester Tigers Football Club

The meeting will commence with hands-on workshops
on Wednesday 24 November at Leicester Tigers Football Club

Followed by

Two days of lectures, poster presentations & exhibition
25-26 November at Leicester City Football Club Walkers Stadium

Conference Dinner
at The National Space Centre Thursday evening 25 November

Call for Free Papers

Free Papers for oral or poster presentation are invited, detailing original research in airway equipment or technique, case scenario, teaching or audit. Format 400 words, 3 references max. Post or email deadline Friday 6 August 2004

Please submit to:
Dr Nisha Kumar, Anaesthetic Dept, Leicester Royal Infirmary, Leicester LE1 5WW
nisha.kumar@uhl-tr.nhs.uk

Organisers
Dr Mary Mushambi and Dr Perihan Ali, Consultant Anaesthetists

For further information and booking visit our website www.das.uk.com
or ring 0116 250 2305 jackie.Howarth@uhl-tr.nhs.uk