Use Of A Ligated Split Nasopharyngeal Airway During Nasal Fiberoptic Intubation.

G Atlas, M Gaballa

Citation

G Atlas, M Gaballa. *Use Of A Ligated Split Nasopharyngeal Airway During Nasal Fiberoptic Intubation.*. The Internet Journal of Anesthesiology. 2021 Volume 40 Number 1.

DOI: 10.5580/IJA.56001

Abstract

During nasal fiberoptic intubation, a suture placed through the flange of a split nasopharyngeal airway may reduce complications associated with its inadvertent dislodgement.

Abbreviations

split nasopharyngeal airway (sNPA)

The use of a split nasopharyngeal airway (sNPA) facilitates nasal fiberoptic intubation and may reduce bleeding occurring from trauma to the nasal mucosa by the fiberscope.[1] However, the authors have found that the sNPA can be easily and inadvertently “pushed” into the nares by the fiberscope. This consequently makes removal of the sNPA, from around the fiberscope, difficult. Of note, aspiration into the tracheobronchial tree, of both split and intact NPAs, has been reported.[2], [3]

By initially ligating the flange of the sNPA with a suture, it can be readily repositioned, retrieved, and removed without difficulty. Removal would obviously be done after the fiberscope is localized within the trachea but prior to the advancement of the tracheal tube. Figures 1 and 2 illustrate this technique. Furthermore, the use of a lubricant within the shaft of the sNPA may help prevent its inadvertent displacement and additionally facilitates intubation.[4]

Figure 1

A silk ligature is placed and knotted through the flange of a split nasopharyngeal airway (sNPA).

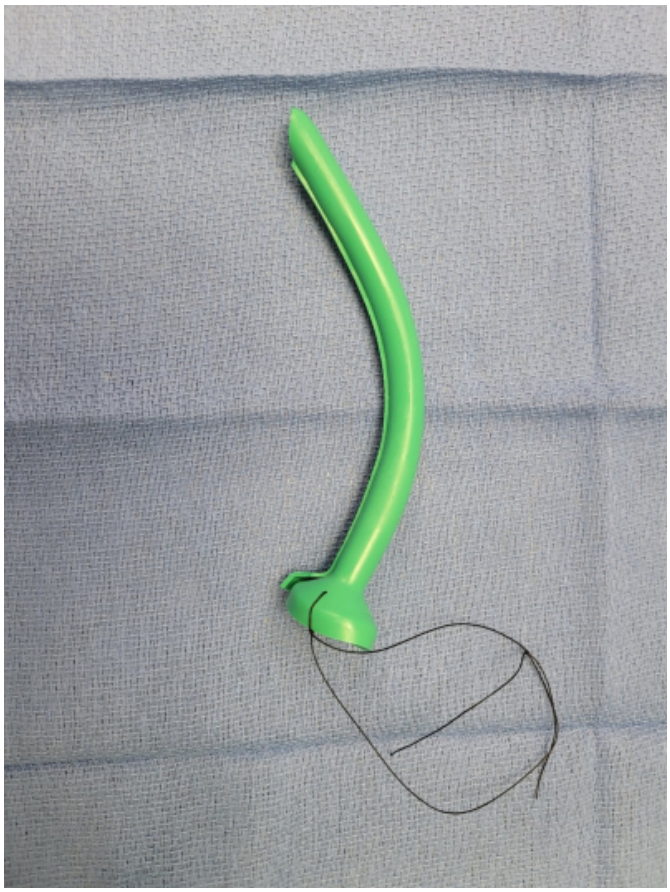
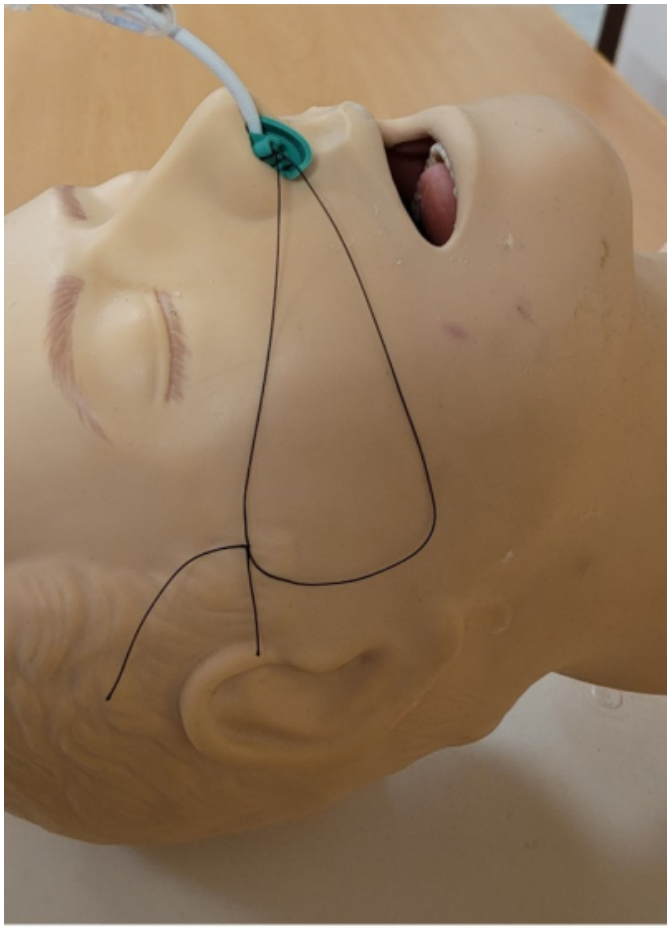


Figure 2

Retrieval, removal, and repositioning of the sNPA, should it get displaced further into the nasopharynx, can be readily facilitated with the use of a ligature.



References

1. Mohamed El-Tawansy AA, Nofal OA, Abd Elsamad A, El-Attar HA. Nasal fiberoptic intubation with and without split nasopharyngeal airway: Time to view the larynx & intubate. Egypt J Anaesth 2018;34:95-9.
2. Sharma A, Kumar S, Jain N, Vyas V, Goyal A, Goyal S, Kothari N. Airway in the Airway. Turk J Anaesthesiol Reanim 2021;49:90-91.
3. Hussain K, Hussain S, Abubaker J, Ahmed R. Nasopharyngeal airway aspiration: An uncommon cause of sudden respiratory distress in hospitalized patients. Turk J Emerg Med 2018;18:78-9.
4. Atlas G, Sheikh U. Cetacaine Spray as an Ex Vivo “Plastic-on-Plastic” Lubricant for Airway Management Procedures: A New Use for Dipropylene Glycol? J Clin Eng 2018;43:119-21.

Author Information

Glen Atlas, MD, MSc
Dept. of Anesthesiology, Rutgers New Jersey Medical School; Dept.of Biomedical Engineering, Stevens Institute of Technology, Hoboken, NJ USA
Newark, NJ USA

Mina Gaballa, DO
Dept. of Anesthesiology, Rutgers New Jersey Medical School
Newark, NJ USA