

Split Nasopharyngeal Airway (SPNA) As An Aid For Fibre Optic Intubation

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Abstract

We would like to report the use of a split nasopharyngeal airway as an aid for fibre optic intubation. This technique can overcome a lot of problems encountered in passing the fibre optic scope (FOS) through the nose. The advantages of this technique include less sympathetic stimulation, trauma, and quick access to cords, better view and patient comfort.

Initially nasal decongestant, cocaine and topical anaesthesia are used in preparing the airway for fibreoptic intubation. Oxygen is administered through one nostril. The SPNA is passed into the other nostril after lubrication with a water soluble gel. The FOS with the endotracheal tube mounted over it is passed through the SNPA. Once the cords are visualised the FOS is negotiated through the cords into the trachea. The SNPA is peeled off gently as shown in the figure 1 with continuous confirmation of the scope in the trachea. The ET tube is then rail roaded over the FOS.

Figure 1

Figure 1: Demonstrating the split nasopharyngeal (SNPA) being gently peeled off followed by rail roading the ET tube over the fibre optic scope (FOS).



References

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