

3rd International Conference on Surgery and Anesthesia

November 17-19, 2014 Chicago, USA

Frova intubation catheter in case with maxillo facial trauma and difficult intubation

Ozkan Onal, Eyup Aydogan, Oguzhan Arun, Bahar Colpan, Jale Bengi Celik
Selcuk University, Turkey

Introduction: Difficult airway is defined as the difficulty experienced by a trained anesthesiologist in the ventilation of upper airway with face mask or in tracheal intubation or in both. In maxillofacial trauma, (MFT) severe damage to facial bones and soft tissues, vessel injuries and closing of airway may result in an urgent clinical picture.

Aim: The aim of this case report was to discuss difficult intubation and airway intubation in a patient with MFT and the use of frova intubation catheter, which is one of the alternative tools that can be used in difficult airway management.

Case: A 31 year old male patient referred to our hospital with MFT and multiple fractures due to vehicle traffic accident and underwent operation for mandibula fracture. While operation was being planned for shoulder fracture as well, it was seen intraoperative examination that opening of the mouth was limited and it was evaluated as mallampati classification 4. ECG, SpO₂, non invasive blood pressure monitorization was carried out. Anesthesia induction was made with propofol, fentanyl and rocuronium. Mask ventilation was performed. Intubation was attempted with 3 and 4 no. Macintosh blade and Miller blade, but Cormack-Lehan score was found to be 3 and successful intubation could not be made. Blind intubation was carried out at third attempt with Frova intubation guide catheter with the appearance of end tidal CO₂, tube was fixed and operation started and was completed without any complications.

Discussion: In various studies, the rate of cardiac anesthesia associated with anesthesia was determined to be 4.7/100000 and rate of mortality 1/100000. In half of these cases, the problem was established to be airway/respiratory ones. The incidence of difficult intubation was found to be 1.5-13.2% in the general population. Frova intubation guide catheter was designed to help endotracheal intubation. In patients with difficult airway, placing frova intubation guide catheter via intubation tube in order to carry out probable reintubation after intubation and extubation of the patients while the catheter is in place, is a safe and reliable method. It is possible to place intubation tube again over this catheter if it is necessary. In addition, this catheter makes oxygen insufflation possible due to its lumen. Besides, in cases such as ours in whom only the posterior aspect of larynx is visible in direct laryngoscopy, (Cormack Lehan Grade III), this catheter may be pushed to trachea, passing the intubation tube over it.

Conclusion: Difficulty in intubation is one of the most important problems encountered in daily clinical practice. It is our suggestion that frova intubation catheter, which is practical and easy to use, should be available in all operating rooms as an alternative difficult intubation tool.

Biography

Ozkan Onal has completed his medical education at Gazi University Medical Faculty and he was specialized in anesthesiology in Hacettepe University Medical Faculty. He has more than 15 publications in reputed journals in the field of anesthesia.

drozkanonal@gmail.com