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Airway topical anesthesia using the Airtraq in patients with difficult airways

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Fu S. Xue, MD, Chinese Academy of Medical Sciences, Beijing

Based on our preliminary experience in **15 adult patients with known difficult airways** (due to micrognathia, a short neck, and/or limited head and neck movement), several advantages appear to exist with this technique.

First, because the Airtraq laryngoscope has a wide lateral channel, the applicator portion of the MAD-LTA can well be adapted to the curved blade of the Airtraq laryngoscope. Also, the tip of the MAD-LTA can be directed easily towards the different targeted airway structures by adjusting its distal position under the superior vision of the airway provided by the Airtraq laryngoscope.

Second, this approach can provide **excellent airway topical anesthesia for awake orotracheal intubation**, because the MADLTA can provide effective atomized lidocaine solution to the airway mucosa.

Third, this technique **is well tolerated by the awake, sedated patient, possibly due to less stimulation of the oropharyngolaryngeal structures during the laryngeal exposure using the Airtraq** laryngoscope, as it does not require a 'line of sight' to visualize the airway anatomy.

Fourth, this **technique is easy to perform**.

Therefore, we believe this technique can provide a **favorable alternative to a fiberoptic technique** for the management of difficult airways.