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Airway topical anesthesia using the Airtraq in patients with difficult airways

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The authors describe our initial experience with a method of airway topical anesthesia for awake tracheal intubation in adult patients with difficult airways using a combination of an Airtraq laryngoscope and a MADgic laryngotracheal atomizer.

A 5-mL Luer-locked syringe prefilled with 2% lidocaine was then connected to the applicator portion of the MAD-LTA. The distal end of the applicator portion was bent anteriorly to an angle of 70–80 to correspond with the distal curvature of the Airtraq laryngoscope. An Airtraq laryngoscope without the endotracheal tube was passed into the patient's mouth over the tongue in the midline. Once the distal end of the Airtraq laryngoscope was positioned in the vallecula with the glottis in the center of the viewfinder, the curved applicator portion of a MAD-LTA was advanced through the lateral channel of the Airtraq. By adjusting the distant position of the applicator portion under direct vision on the viewfinder, its tip was placed immediately superior to the glottis and the bilateral pyriform recess. Then, 3 mL of 2% lidocaine was sprayed in three aliquots onto these targeted areas with the MAD-LTA.

Several advantages appear to exist with this technique: the applicator portion of the MAD-LTA can well be adapted to the curved blade of the Airtraq / the MAD-LTA can be directed easily towards the different targeted airway structures / this approach can provide excellent airway topical anesthesia for awake orotracheal intubation / this technique is well tolerated by the awake, sedated patient / this technique is easy to perform.

Therefore, the authors believe this technique can provide a favourable alternative to a fiberoptic technique for the management of difficult airways