

CR#27

Awake Intubation with Airtraq® Laryngoscope in morbidly obese patient with difficult airway

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A 58-year-old morbidly obese (BMI 47,6 kg/m²) female patient was scheduled for an ovarian tumor staging under general anesthesia. She had sleep obstructive apnea with need for 24h BiPAP ventilation and an extensive left pleural effusion that limited the supine position.

The preoperative airway assessment predicted difficult ventilation and intubation (Figs. 1 and 2). An awake intubation using a size 3 (blue) Airtraq under light sedation and topical airway anesthesia was attempted.

Indirect laryngoscopy with Airtraq resulted in grade I C-L views. Oxygen saturation was maintained above 95%. The patient was successfully intubated at the first attempt with an 8,5 cuffed endotracheal tube, under 15 seconds. Intraoperative period and extubation were uneventful.

