CR#17

Use of the Airtraq® as a rescue airway device following failed awake flexible fiberoptic nasotracheal intubation of a patient with severe microsomia

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We attempted awake fiberoptic nasotracheal intubation following topical anesthesia with 4% lidocaine spray three times to induce general anesthesia for distraction osteogenesis of mandibular bone. However, due to a shallow pharyngeal cavity and cranially displaced larynx, we failed to locate the larynx each time and were therefore not able to intubate the patient.

Awake orotracheal intubation using the AOL allowed us to easily intubate the patient. Therefore, we recommend that the AOL be used as a rescue airway device for intubation of difficult airways.