

# CR#23

## **Awake tracheal intubation using the Airtraq : a case series**

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We report **four cases of awake tracheal intubation with the Airtraq in patients with anticipated difficult airway**. Cervical extension was not possible at all in the patient with ankylosing spondylitis and was very limited in the other cases.

Because forceful elevation of the epiglottis is not required, it seems that the Airtraq needs less force and therefore may be suitable for awake tracheal intubation. Additionally, the built in **anti-fog** technology in the lens at the distal end, makes the Airtraq suitable for **patients breathing spontaneously**. When using the AL, the **tracheal tube does not obstruct the endoscopic view of the vocal cords during intubation**,

The transtracheal injection of local anaesthetic resulted in **no discomfort** during insertion of the tube into the trachea. We did not administer sedation to the patients with the extensive submandibular abscess or haematoma.

The preparation for the topical anaesthesia required about 5min and the intubation procedure about 20–25 s. Thus, the suggested technique may be used even in cases of relative emergency situations.

This case series demonstrates that the Airtraq can be used **effectively to accomplish an awake intubation in patients with a suspected or known difficult airway and may be a useful alternative** where other methods have failed or are not available.