

# CR#6

## **Airtraq for awake tracheal intubation**

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**An initial attempt with the conventional Macintosh blade was unsuccessful** because laryngoscopy was difficult and poorly tolerated **due to an active gag reflex.** An attempt was next made with the Airtraq with some modification of the device. The tracheal tube was placed in the side channel of the **Airtraq and connected to the respiratory circuit** via a Bodai Suction Safe swivel Y-connector . Oxygen at 10 l.min was administered to prevent desaturation of the patient.

Excessive **saliva in the oropharynx was removed under vision via a 14Fr suction catheter inserted through the tracheal tube** via the Bodai connector. Visualisation of the patient's vocal cords was achieved easily, the percentage of glottic opening (POGO) score [2] being 70%. After additional topical anaesthesia was applied to the vocal cords with a tracheal spray tube, the patient's trachea was intubated uneventfully at the first attempt.

We conclude that **the Airtraq with the modifications described above can be a useful and well-tolerated device in management of patients who require awake tracheal intubation.**