**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.