

CR#9

The Airtraq to facilitate endotracheal tube exchange in a critically ill, difficult-to-intubate patient

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We present the Airtraq to facilitate an ETT exchange in a difficult-to-intubate, critically ill obese patient (body mass index = 35). The intubated patient (with a **history of difficult laryngoscopy and intubation**) was transported to the operating room (OR) for an emergent abdominal surgery with a “defective” ETT pilot balloon. After rapid sequence induction, a “soft tip” Cook airway exchange catheter (Cook, Bloomington, IN) was inserted and left in situ after removal of the defective ETT.

The Airtraq, with a number 8 ETT mounted with its bevel down (anticlockwise rotation), were railroaded over the airway exchange catheter. The Airtraq was advanced to visualize the airway exchange catheter penetrating the glottis. Then the ETT was advanced under direct visualization over the airway exchange catheter into the trachea. The glottis was edematous, and the ETT was inserted into the trachea without trauma while cricoid pressure was maintained.

The Airtraq ETT exchange technique may be useful in healthy and difficult-to-intubate patients as it may reduce the rate of complications and failure.