CR#15

<u>Airtrag® as an Intubating Conduit (Airtrag + Fibrescope)</u>

2008 International Anesthesia Research Society Hiroshi Inoue, MD. Sendai Kousei Hospital, Japan

After induction of anesthesia with propofol 1.5 mg/kg, fentanyl 100 g, and 0.1 mg/kg vecuronium, tracheal intubation using a Machintosh #3 laryngoscope blade could not be accomplished. The view of the vocal cord was described as Cormack-Lehane Grade 3.

Using the Airtraq, it was difficult to insert the endotracheal tube (ETT) into the trachea because the tip of the E TT was repeatedly directed posteriorly.

Fiberoptic-guided bronchoscopy was not possible because of copious bloody secretions and a fiberoptic bronchoscope positioned inside of an ETT was inserted in the lateral channel of the Airtraq, thus using the Airtraq as an intubating conduit.

The vocal cords were seen in upper margin of the Airtraq viewfinder and the fiberoptic bronchoscopy passed into her trachea and the ETT was inserted.