

# CR#19

## **Use of the nasotracheal Airtraq® to assist difficult nasal fiberoptic intubation**

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A 40-yr-old 85-kg man, was wearing a custom-made moulded **thoracocervical rigid collar due to an unstable C2 fracture**, and a Mallampati grade IV with a mouth opening of 15 mm.

Nasotracheal fiberoptic intubation with a 6.5-mm nasotracheal tube was attempted and unsuccessful due to copious bloody secretions and a collapsed orotracheal pathway.

Airtraq® was introduced through the patient's mouth while fibrescopy was still in progress. At this point, the epiglottis and vocal cords were easily visualized. The nasotracheal Airtraq® operator gave verbal directions (up, down, left, right, forward, and back) for the fibrescopy, and tracheal intubation was achieved.

**The successful completion of this case, in the face of bleeding from nasal mucosa and a limited mouth opening due to the presence of a cervical collar, illustrates a potential role for the nasotracheal Airtraq® device in a difficult nasotracheal intubation under general anesthesia.**