

CR#20

Airtraq for bronchial blocker placement in a difficult airway

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A middle-aged male presented for left thoracotomy his body mass index was 37.0 kg.m² and he had a Mallampati score of 3, with a thyromental distance of three finger breadths.

After monitoring and a pre-induction arterial line, **the patient's airway was treated with 4% lignocaine topically. A large size Airtraq laryngoscope was then easily placed into the pharynx with minimal response from the patient. A Cormack–Lehane grade I view was obtained quickly and it was consequently decided to induce general anaesthesia.**

After induction, the Airtraq laryngoscope was re-introduced, and a size 8 / 14 French Syntel **bronchial blocker was placed in the airway channel. The blocker was advanced via the Airtraq through the vocal cords.** It was then disengaged from the channel, **while the Airtraq remained in place. An 8.0 mm tracheal tube was then placed into the now vacant channel and advanced through the vocal cords.**

The Airtraq provided final visual confirmation that both the tracheal tube and bronchial blocker were placed through the vocal cords and the device was withdrawn.

Our experience adds addition evidence for the usefulness of the Airtraq laryngoscope in placement of airway devices.