Correspondence

Disseminating Information on Patients with Difficult Airway Anatomy

To the Editor.—It is an advantage to know that a patient has a difficult airway. Mark and her colleagues established a register of such patients (tn@welchlink welch jhu ed) and encouraged Medic-Alert identification. We would like to suggest video material as an additional strand of information about patients in whom fiberoptic laryngoscopy is difficult. We were asked to anesthetize a patient with Klippel-Feil syndrome, who had previously undergone transoral surgery for excision of the odontoid peg and the base of the clivus. She told us that an awake fiberoptic intubation at another hospital had been abandoned after 3 h because laryngoscopy was impossible. We found that awake nasal fiberoptic laryngoscopy was possible, but difficult due to nasal and palatal adhesions and a protruding clivus. The overall effect was of several false passages.

A prior viewing of the endoscopy would have made the procedure easier. Because we make video recordings of fiberoptic intubations for teaching purposes, we gave the patient a copy of the video, which can be viewed by any anesthesiologist caring for her in the future. We also retained a master copy of the tape. Providing selected patients with a video of their airway anatomy seems to us to be a useful and relatively inexpensive contribution to patient safety.

Andrew I. Topf, M.D.
Department of Anesthesiology
Anthony Eclavea, CPT, MC, M.D.
Department of Radiology
Tripler Army Medical Center
MCHK-DSA
1 Jarrett White Road
Honolulu, Hawaii 96859-5000

References


(Accepted for publication August 15, 1996)

The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense.

Anesthesiology
1996; 85: 1214-5
© 1996 American Society of Anesthesiologists, Inc.
Lippincott-Raven Publishers

Fig. 1. Chest x-ray of a patient, to highlight an exchanger tube in the trachea.
Unique Cause for 60-Cycle Interference

Andrew Liedel, B.B.
Department of Anesthesiology
Medical University of South Carolina
171 Ashley Avenue
Charleston, South Carolina 29425-2477

Reference


1215