

Airway Management in Intranasal Surgery- An Audit of Practices Among Different Anaesthetists

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Introduction: Traditionally Endotracheal tube was used to secure airway in nasal surgery due to fear of upper airway and lower airway soiling with Blood.

Reinforced LMA forms a reliable seal around laryngeal inlet and protects the airway from blood and other debris¹. It also forms an unobstructed airway for surgeon, produces minimal hemodynamic changes compared to end tracheal tube², there is no need of using muscle relaxants with LMA and one can maintain the airway until the patient is completely awake. Several studies supported the use of LMA in major intranasal surgeries^{3,4}.

We audited the practices among different anaesthetists for maintaining airway during intranasal surgeries.

Methods: We collected data for 5 weeks in all elective major intranasal surgeries. Two recovery nurses with help of a pre prepared Audit form collected data prospectively.

Results:

Total duration of Audit	5 weeks		
Total number of cases	47		
Age	Mean 42.87 Years (21-62 Years)		
Sex	Male : Female(%) =59.8 : 40.2		
Procedures	FESS:15, Septoplasty : 23, Septorhinoplasty: 09		
Anaesthetic Grade	Consultant:24 (51%) SPR: 23 (49%)		
Anaesthetic Technique	a) I V Induction + Inhalational : 72% b) Inhalational + Remifentanyl: 23% c) TIVA : 5%		
Air way Management	ETT : 68%: (Standard Tube : 10%; RAE tube : 58%) LMA: 32%		
Extubation	Awake : 82%, Deep: 4%' Exchange with LMA: 4%		
		ETT	LMA
Grade of anaesthetist vs. Airway	Consultant	13 (40.6%)	11 (73%)
	SPR:	19 (59.3%)	04 (27%)
Post operative Problems		15 (46.8%)	02 (13.3%)
1)Blood in Upper Airway		10 (31.25%)	01 (6.6%)
2) Upper airway Obstruction		02 (6.25%)	00
3) Laryngospasm		05 (15.6%)	00
4) Aspiration of blood		00	01(6.65%)
5) Brochospasm		00	01(6.65%)
6) Reintubation		00	01(6.65%)

Conclusion: Reinforced laryngeal mask airway was used safely in patients undergoing Intranasal surgeries. However there is reluctance among various anaesthetists to use LMA in nasal surgeries due to much feared complication of aspiration of blood. In our prospective audit Endotracheal tube is the popular choice of maintaining airway compared to LMA (68% vs 32%). Consultants used LMA more frequently than trainees in these cases. Postoperative complications were more common in patients who had ETT for their airway protection than LMA (88% vs 22%). However one patient who had reinforced LMA as an airway adjunct for endoscopic sinus surgery had aspirated blood, developed brochospasm and had to be reintubated. This patient latter made a uneventful recovery. Despite its remarkable safety LMA was not the first line of choice to maintain the airway in nasal surgery in our institute.

References:

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