

---

## Anticipated difficult airway: Planning, safety and ethics while applying a novel technique

Sir,

We were intrigued by the successful management of an anticipated difficult airway in a patient with severe cervical spine pathology by Koyama *et al.*<sup>[1]</sup> using fluoroscopy guided technique. We congratulate the authors for their novel outlook and successful execution of endotracheal intubation in a patient with difficult airway.

We would like to raise a few concerns regarding the above stated novel technique. Firstly, we could not identify the author's back up plans in case of failure of the primary plan. All current airway management guidelines stress on meticulous planning for a difficult airway including backup plans commonly known as plan B and C.<sup>[2,3]</sup> It would be prudent to have these plans handy especially when the primary plan is novel and not commonly used. Secondly,

authors have shown use of lateral fluoroscopic view showing sagittal section of the airway which can easily differentiate trachea from oesophagus. When the sagittal view is not accompanied by a simultaneous frontal view in coronal plane, it is difficult to avoid the potential risk of the bougie going laterally leading to trauma and disastrous bleeding.

Radiologic-Assisted Endotracheal Intubation by Reier *et al.*<sup>[4]</sup> was done in an awake patient. Safety margin is high in an awake patient since the patient can take care of own airway. Subjecting sedated patient to such uncommon methods involves greater risk especially when safer alternatives are available.

It may be prudent to use this novel technique in simulations, models or non-difficult airway cases before using it in a difficult airway case. Similarly, it may be ethically appropriate

to use an established technique in a difficult airway situation rather than subjecting the patient to the uncertainty of a novel technique.

As authors mention the insertion of LMA, we would be interested in knowing if the authors considered using established alternatives like fiberoptic bronchoscopy through supraglottic airway device using Aintree intubation catheter or simply an intubating LMA. Wong *et al.*<sup>[5]</sup> in their review have described various techniques of achieving endotracheal intubation through supraglottic airway devices. A modified version of Intubating LMA known as LMA C trach also can be used in such a situation.

In conclusion, we appreciate the author's novel technique for management of a difficult airway scenario, but at the same time reassert the importance of planning, patient safety, understanding limitations of novel techniques and ethics while using these novel techniques.

#### Financial support and sponsorship

Nil.

#### Conflicts of interest

There are no conflicts of interest.

#### AMIT M. NARKHEDE, AMOL T. KOTHEKAR<sup>1</sup>

Department of Critical Care Medicine, Jupiter Hospital, Thane, Maharashtra, <sup>1</sup>Division of Critical Care Medicine, Department of Anesthesiology, Critical Care and Pain, Advanced Centre for Treatment, Research and Education in Cancer (ACTREC) Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, Maharashtra, India

#### Address for correspondence:

Dr. Amol T. Kothekar,  
Professor, Division of Critical Care Medicine, Department of Anesthesiology, Critical Care and Pain, 2<sup>nd</sup> Floor, Main Building, Tata Memorial Centre, Mumbai - 400 012, Maharashtra, India.  
E-mail: amolkotheekar@yahoo.com


Submitted: 22-Jun-2020,

Accepted: 22-Jun-2020, Published: 05-Jan-2021

## References

1. Koyama Y, Tsuzaki K, Ohmori K, Ono K, Suzuki T. C-arm fluoroscopy for tracheal intubation in a patient with severe cervical spine pathology. *Saudi J Anaesth* 2020;14:390.
2. Myatra SN, Shah A, Kundra P, Patwa A, Ramkumar V, Divatia JV, *et al.* All India Difficult Airway Association 2016 guidelines for the management of unanticipated difficult tracheal intubation in adults. *Indian J Anaesth* 2016;60:885-9.
3. Frerk C, Mitchell VS, McNarry AF, Mendonca C, Bhagrath R, Patel AA, *et al.* Difficult Airway Society 2015 guidelines for management of unanticipated difficult intubation in adults. *Br J Anaesth* 2015;115:827-48.
4. Reier CE, Reier AR. Radiologic-assisted endotracheal intubation. *Anesth Analg* 2004;98:1496-8.
5. Wong DT, Yang JJ, Mak HY, Jagannathan N. Use of intubation introducers through a supraglottic airway to facilitate tracheal intubation: A brief review. *Can J Anesth* 2012;59:704-15.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
<b>Website:</b> www.saudija.org	<b>Quick Response Code</b> 
<b>DOI:</b> 10.4103/sja.SJA_669_20	

**How to cite this article:** Narkhede AM, Kothekar AT. Anticipated difficult airway: Planning, safety and ethics while applying a novel technique. *Saudi J Anaesth* 2021;15:74-5.

© 2020 Saudi Journal of Anesthesia | Published by Wolters Kluwer - Medknow