

Trouble shooting in Thoracics

Difficult intubation and one lung anaesthesia

Choice of DLT

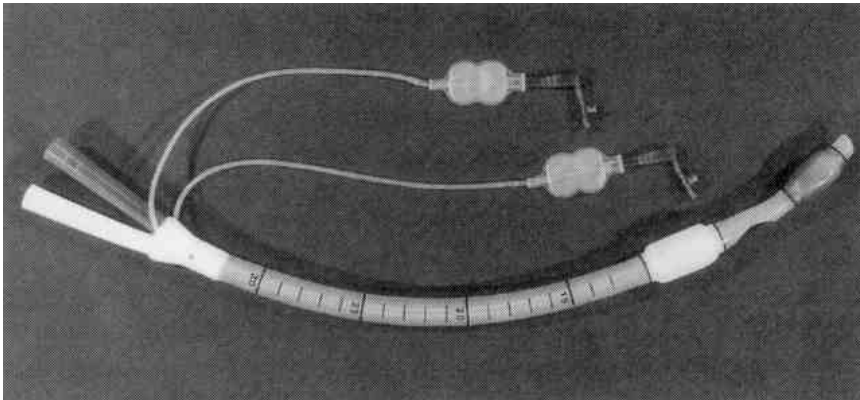
Hypoxia on One lung ventilation

Difficult Intubation

- Not common, but happens
- The crucial decision pre-op is whether to
 - Elect for preop tracheostomy.
 - Have a go with airway aids etc
 - Then may need tracheostomy anyway if there is laryngeal trauma/oedema etc

Tracheostomised patients

- Laryngectomy : yes/no ?
- Yes:
 - DLT through tracheostome : DL Trachy available
 - Blocker through cuffed tracheostomy tube
 - DLT tracheostomy tubes : Naruke reinforced DLT

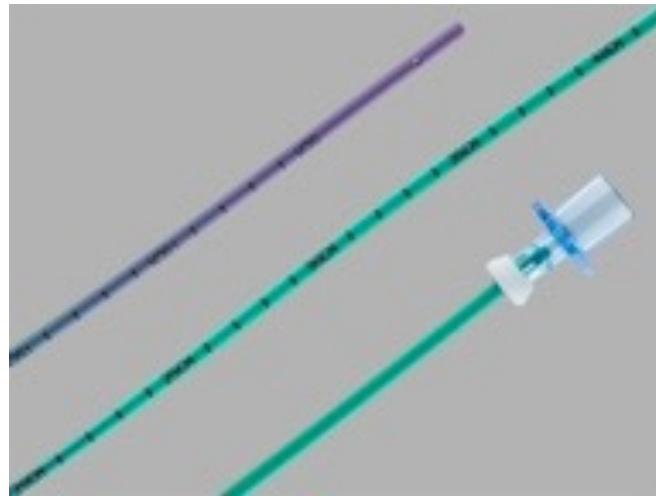


Tracheostomised patients

- Laryngectomy: No (e.g. slow ITU wean)
 - Consider usual DLT the usual way.
 - Replace tracheostomy at the end.
- Otherwise as per previous slide

Difficult intubation options

- Old school surgeons were pretty handy with a rigid bronchoscope : airway exchange etc
- Have a look with laryngoscopy etc
 - Can you get an oral single lumen in?
 - Yes: use the soft tipped extra firm exchange catheter



Oral tube not possible?

- Fibre-optic nasal approach with a soft tube.
 - Undo 15mm connector at the top of tube and pull through into pharynx and then out of mouth.
 - Then use airway exchanger.
- Retrograde best done awake with lots of LA.
- Tracheostomise
- LMA/iGEL option if short procedure.

Choice of DLT

- Vivasight: 35,37,39,41 : left sided only.
 - Intraop vision of tube position.
- Red Rubber Robertshaw: R&L options.
 - Largest RUL eye of all the R sided tubes.
 - Cuffs most resistant to sharp teeth.



Vivasight DLT



Hypoxia.... SpO2 <90%

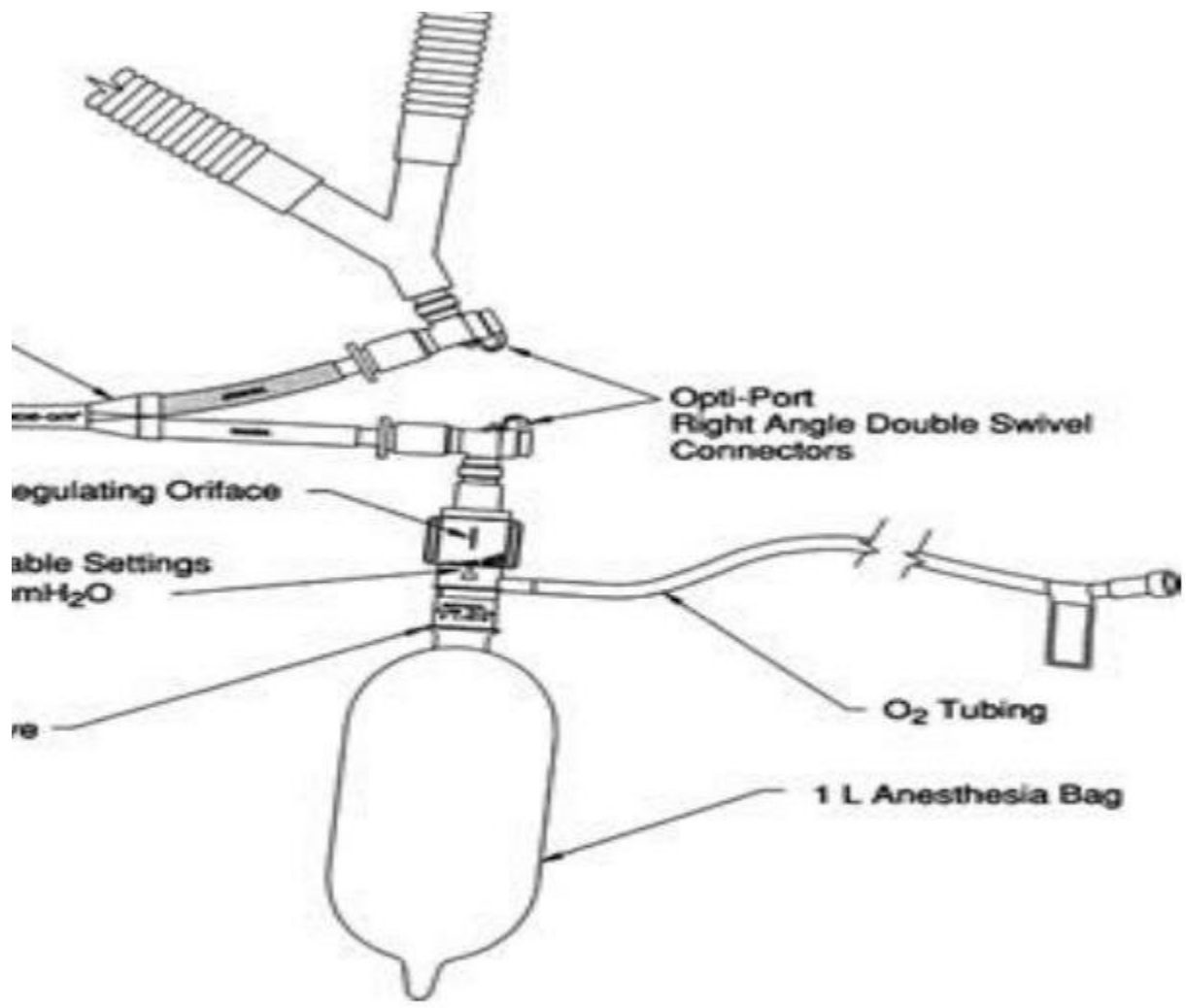
- Put the tube in, isolate and stay on one lung: challenging Fio2 and see what happens whilst doing the lines.
- OK? Great !
- Not OK? :
 - Recheck positioning etc
- then talk to surgeon: realign expectations !

May need to re-inflate periodically.

Plan may be needed if using Robot etc.

Usual manoeuvres to avoid hypoxia

- Recheck positioning: Vivasight wins here.
- PEEP : match the capnothorax if Robotic
- Recruitment manoeuvres.
- Optimal BP /Anaesthesia/Relaxants etc etc
- Insufflation of oxygen to deflated lung via suction tubing or the proper CPAP set up.
- Increase FiO₂
- Intermittent reinflation



Questions?

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