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## Securing Airway –Awake

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Airway management is one of the prime responsibilities of anaesthesiologist. Secure airway is central to the care of patients during general anaesthesia and in ICU. An unobstructed airway is the key for adequate oxygenation. Tracheal intubation on direct laryngoscopy is the commonest and quickest way to secure the airway. However, this may turn out to be difficult or may even fail on certain occasions. Difficulties with tracheal intubation/airway management are important cause of morbidity and mortality. However with advent of supraglottic airway devices (SGADs), the scenario of can't ventilate and intubate has changed. But still, there are situations which demand tracheal intubations be performed. In such circumstances where mask ventilation is expected to be difficult or there are problems with use of SGADs, securing airway awake is a logical choice. Awake fibreoptic intubation has been considered gold standard and technique of choice for elective management of an expected difficult airway and is tolerated well by the patients. However, this requires expensive and delicate equipment and expertise which may not be available in emergency departments; hence an alternative plan must be available to secure the airway awake. For example, awake use of SGADs and assisted intubation, conventional direct laryngoscopy and use of video laryngoscope. The technique of awake intubation using flexible fibreoptic endoscope/flexible video endoscope requires topicalization of the airway (blocking of main airway reflexes i.e. gag, cough and glottic closure reflexes) and adequate patient preparation in terms of anxiolysis, drying of airway secretions and adequate oxygenation. Local anesthetics are the cornerstone of airway topical/nerve block anaesthesia. It is the state of art technique for anticipated difficult airway and must be learnt.

### Biography

Savita Saini is working as a Senior Professor in the Department of Anaesthesiology and Critical care at Pt. BDS PGIMS Rohtak, Haryana, India. She completed her medical education from Bhopal University Bhopal, (MP) and joined the Anaesthesiology Department in 1986. Since then, she is working with keen interest in all fields of anaesthesia especially airway management and obstetrics anaesthesia. She has been an invited faculty at various national & zonal conferences and examiner to postgraduate anaesthesia examinations of various universities. She is a member of various scientific societies and has published many scientific publications in various national/international journals.

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