

Complications Related To Intubation Anesthesia

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Introduction:

Difficulty with airway management for anesthesia has potentially serious implications, as failure to secure a patent airway can result in hypoxic brain injury or death in a matter of minutes. Early recognition that a patient's airway may be difficult to manage allows the clinician to plan the anesthetic to minimize the potential for serious airway-related morbidity.

In the unanticipated difficult airway, a pre-formulated strategy for airway management may reduce the likelihood of adverse outcomes (1). Other significant airway-related complications include aspiration of gastric contents, laryngospasm, and bronchospasm. These airway problems may occur in combination, leading to serious morbidity and mortality (2) the anesthesiologist should inform the patient (or responsible person) of the airway difficulty that was encountered.

There was a significant increase in the rate of airway-related complications as the number of laryngoscopic attempts increased (2 versus 2 attempts): hypoxemia (11.8% versus 70%), regurgitation of gastric contents (1.9% versus 22%), aspiration of gastric contents (0.8% versus 13%) bradycardia (1.6% versus 21%), and cardiac arrest (0.7% versus 11%; (4).

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30% of the deaths in the anesthesia applications are seen during the intubation. A difficult intubation is a condition of increasing the morbidity and mortality. in the case where the intubation fails, a hypoxia may cause the deaths. A difficult intubation has many reasons such as anatomical, congenital and acquired. the risk factors advanced age, chronic obstructive pulmonary disease, multinodular goitre, mediastinal lymphadenitis and steroid usage. Determining those reasons previously decreases the mortality and complications. the patient's former records and previous anesthesia experiences give information. the most common symptoms are counted as the dyspnea, hemoptysis, soft tissue and mediastinal emphysema and pneumothorax.

We refer to a three-case presentation related to the difficulties we encountered.

In conclusion, making available the difficult airway instruments by reviewing the difficult airway algorithm in the cases in which the difficult intubation is expected, and sufficient training and experience minimize the possible complications of intubation and extubation.

References:

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