

PBLD - Regional Anesthesia for the Patient with a Difficult Airway?

Scenario:

50-year-old OB's white male for Achilles' tendon repair. Height 5 feet 8", weight 320 pounds, no known drug allergies past medical history significant for non-insulin-dependent diabetes mellitus obstructive sleep apnea with home CPAP. The patient had an appendectomy two years ago was told he had a difficult intubation but has no other information. The appendectomy occurred at a civilian hospital in Indiana. Airway examination reveals MPIII, large tongue, short neck, a TMD of 4 fingers, full dentition and a 4 cm mouth opening.

Discussion Questions:

1. Would regional anesthesia be acceptable for this patient?
2. Will this patient be difficult to ventilate using a mask or a supraglottic device?
3. What are the predictors of a difficult direct laryngoscopy?
4. Predictors of the difficult cricothyrotomy?
5. Would an awake look be helpful in this patient?
6. Why not just do an awake fiber-optic in all patients with difficult airway?
7. For the complications of awake fiber-optic intubation?
8. If regional anesthesia is acceptable choice, which regional anesthesia technique will you choose?
9. What will you do if the block fails?
10. What if an emergent complication arises as a result of your regional anesthesia technique?

Scenario:

30-year-old white female G2 P1 38 weeks pregnant. Ruptured membranes x 24 hours, now with a temperature of 38.5°C. Scheduled for urgent C-section. Weight 120 kg, height 65". Blood pressure 130/80, heart rate 90. FHT 150's. Labs normal. Airway examination reveals large tongue, MPIII, 2 finger TMD, large breasts, stuffy nose. No hx of intubation in the past.

Discussion questions:

1. How would you anesthetize this patient?