

جامعة ساوة الاهلية
كلية التقنيات الصحية والطبية
قسم التخدير - اللجنة العلمية



Airway management device

جامعة ساوة

كلية التقنيات الصحية والطبية

قسم تقنيات التخدير

المرحلة الثالثة

محاضرة الاولى العملي

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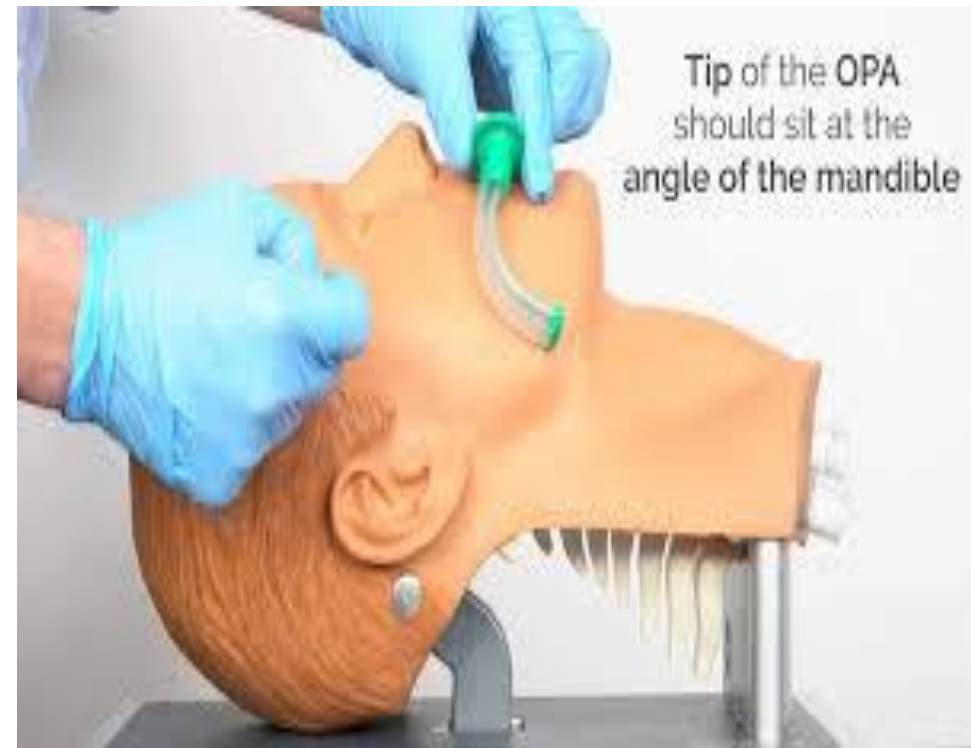
Airway management: is the evaluation, planning, and use of medical procedures and devices for the purpose of maintaining or restoring ventilation in a patient. These procedures are indicated in patients undergoing general anesthesia and in patients with respiratory failure or acute airway obstruction.



What are the different types of airways?

Types of airway include:

1. Oropharyngeal airway
2. Nasopharyngeal airway.
3. Endotracheal tube.
4. laryngeal mask airway.
5. cricothyroidotomy.
6. tracheostomy.



Oropharyngeal airway:

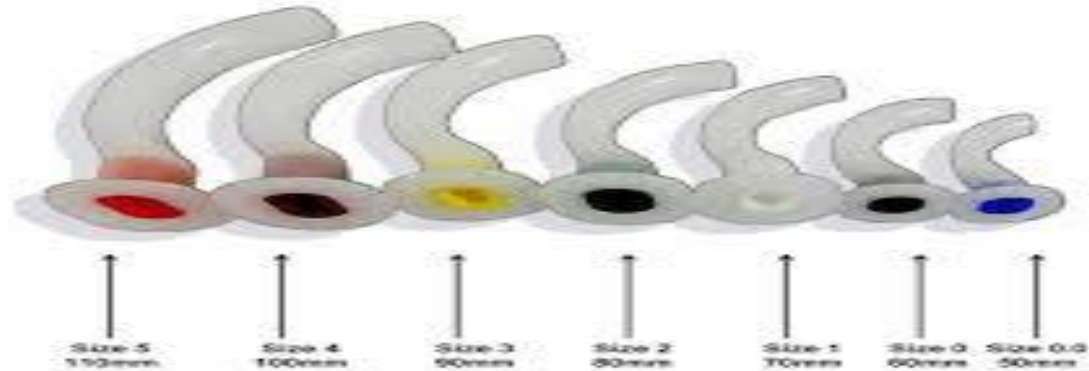
This anatomically shaped airway is inserted through the **mouth into the oropharynx above the tongue** to maintain the patency of the upper airway in cases of **upper airway obstruction** caused by a decreased level of **consciousness in a patient**.



Oropharyngeal:

The most common type is the:

Guedel airway, named after its developer **Arthur Guedel**, an American anesthetist who served in France during the First World War. It is available in up to nine sizes, which have a standardized number coding (the **smallest '000'** to the **largest '6'**).



How to use oropharyngeal airway



Select the appropriate oropharyngeal test tube



Forward interpolation

Inverse interpolation



The pharyngeal bend of the airway is inserted upward into the mouth and close to the posterior wall of the pharynx



Rotate the oropharyngeal catheter to make the convex face the head well continue to advance to the pharynx

Oropharyngeal:

Components:

1. The **curved body** of the oropharyngeal airway contains the air channel. It is flattened anteroposterior and curved laterally.
2. There is a **flange at the oral end** to prevent the oropharyngeal airway from **falling back into the mouth** so avoiding further posterior displacement into the pharynx.
3. The **bite portion is straight and fits between the teeth**. It is made of hard **plastic to prevent occlusion** of the air channel should the patient bite the oropharyngeal airway.



Oropharyngeal:

Problems in practice and safety features:

1. **Trauma** to the different tissues during insertion.
2. **Trauma to the teeth, crowns/ caps** if the patient bites on it.
3. If inserted in a patient whose pharyngeal reflexes are not depressed enough, the gag reflex can be induced that might lead to **vomiting and laryngospasm**.
4. They confer no **protection against aspiration**.
5. The degree to which airway patency has been **increased after insertion of a Guedel airway should be assessed, not assumed**. It should also always be remembered that a badly inserted Guedel airway can make airway patency worse rather than better.

Oropharyngeal:

Indications:

An oropharyngeal airway (oral airway, OPA) is an airway adjunct used to **maintain or open the airway by stopping the tongue from covering the epiglottis**. In this position, the tongue may prevent an individual from breathing. This sometimes happens when a person becomes **unconscious** because the muscles in the jaw relax causing the tongue to obstruct the airway.



Oropharyngeal:

Contraindications:

1. Avoid using an oropharyngeal airway on a **conscious patient with an intact gag reflex**. If the patient can cough, they still have a gag reflex, and an oral airway is contraindicated.
2. If the **patient has a foreign body obstructing the airway**, an oropharyngeal airway should not be used.
3. An **oropharyngeal airway should not be used on patients who have nasal fractures or an actively bleeding nose**.



Thank you



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