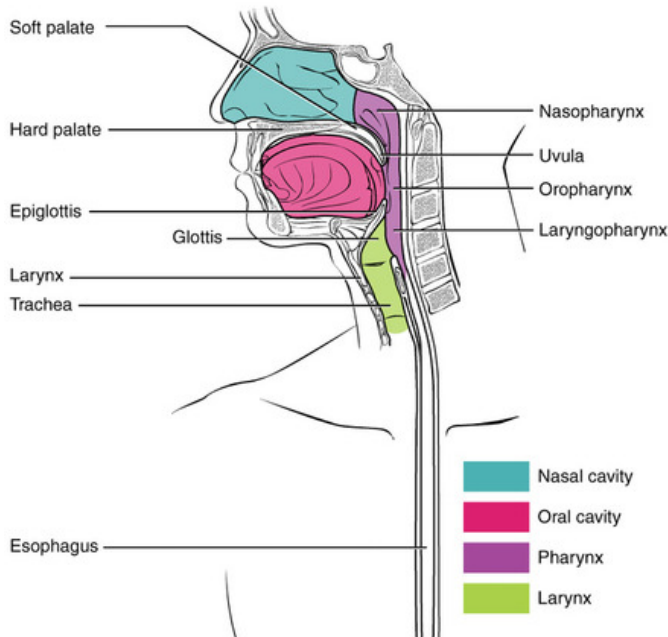




SURGICAL AIRWAY

Episode 2.1



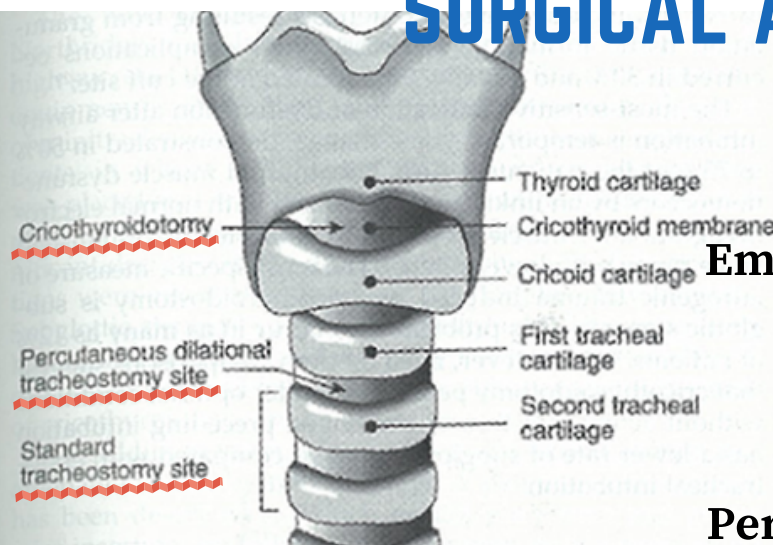
AIRWAY ANATOMY

Laryngeal subdivisions:
Supraglottis - aryepiglottic folds to false cords
Glottis - ant. and post. commissure, true cords
Subglottis - under surface of true cords to inferior edge of cricoid

INDICATIONS FOR TRACHEOSTOMY

- Upper airway obstruction with signs of stridor or retractions
- Bilateral vocal cord paralysis
- Adjunct to manage head and neck surgery / trauma
- Inability to intubate
- Prolonged intubation (>10-14d)
- Inability to manage secretions
- Severe obstructive sleep apnea

SURGICAL AIRWAY OPTIONS



Cricothyroidotomy: dire need of airway control
Emergency tracheostomy: if cricothyroidotomy contraindicated
Tracheostomy
Percutaneous tracheostomy

COMPLICATIONS OF TRACHEOSTOMY

Intraoperative

- Damage to great vessels and tracheoesophageal common wall
- Pneumothorax

Early postoperative

- Tracheostomy tube obstruction and displacement
- Pulmonary edema
- Infection

Late

- Tracheal stenosis
- Granulation tissue
- Tracheo-innominate artery fistula



- Stridor
- Aphagia
- Voice hoarseness
- Shortness of breath

AIRWAY DANGER SIGNS!