

HOSPITAL "MIGUEL SERVET" OF ZARAGOZA

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

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"LARYNGEAL MASK THROUGH RETRONASAL VIA" A NEW TECHNIQUE "MASCARA LARINGEA POR VIA RETRONASAL" UNA NUEVA TECNICA

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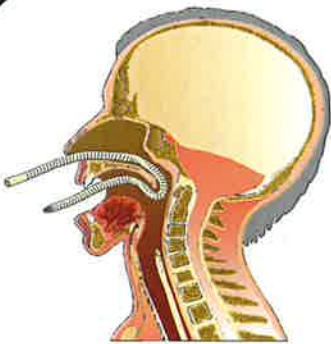


Fig. 1 : The ringed Rusch catheter has been pushed through the chosen narina into cavum and hypopharyngeal region, and then pulled out of the oral cavity with a Magill Clamp or similar.

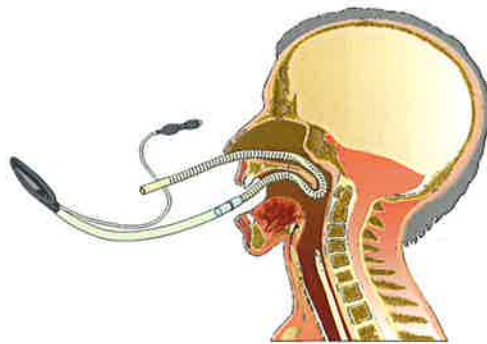


Fig. 2 : The laryngeal mask is attached to the ringed catheter.

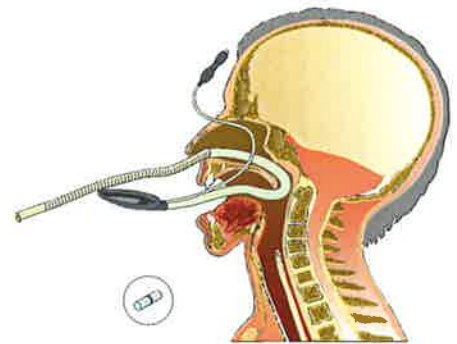


Fig. 3 : The ringed catheter is gradually pulled out through the nose, while the laryngeal mask, deflated, is pushed manually towards the oral cavity.

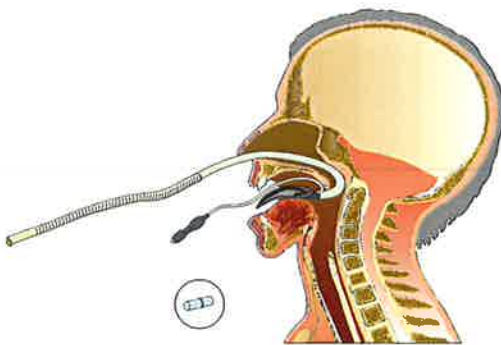


Fig. 4 : The laryngeal mask, deflated, is already placed in the oral cavity.

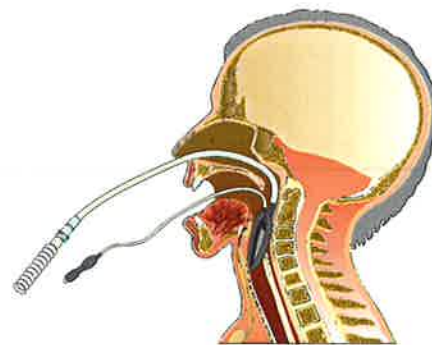


Fig. 5 : Once the laryngeal mask has reached the hypopharyngeal region, it is inflated, and then two movements must be made: on a first step we pull the tube of the laryngeal mask, so that it is slightly carried to the rhinopharyngeal region; on the second step the mask is pushed towards the supraglottic region.

LARYNGEAL MASK THROUGH RETRONASAL VIA.

To carry out this procedure it is only necessary, just like in our retronasal intubation technique, to have a ringed Rusch catheter, of a size that fits the nasal fossa. A laryngeal mask adequate to the patient will also be necessary.

Once the patient has been conveniently monitored and prepared as if he/she were to be intubated through oral via, and still with spontaneous ventilation, the ringed catheter is passed through the chosen narina to the oropharyngeal cavity, where it is pulled out of the mouth with a Magill clamp (it may be helpful to have previously set an intermaxillary cuneus to make easier this operation). Then, the proximal end of the ventilation tube of the laryngeal mask is attached to the distal extraoral end of the ringed tube, and we push carefully the mask towards the pharyngeal region and cavum; at this moment the cuff is deflated. The next step is to pull the ringed catheter out through the narina in order to carry there the tube of the laryngeal mask. As this tube could be too short to overpass the nasal fossa, the ventilator dispositive can be attached to our ringed Rusch catheter (we hope a laryngeal mask, with a ventilation tube more adequate for passing through retronasal via, will be produced). Immediately the cuff, which is already placed at the glosopharyngeal cavity, is deflated and carried with a firm approaching movement to the supraglottic region, continuing then the procedure in the conventional way for the laryngeal mask. Once the therapeutic action is finished, the laryngeal mask is deflated and pulled out, either manually or with a Magill clamp; obviously, before extracting the laryngeal mask, the Rusch catheter must have been detached. In any case, we must recognise that not all the steps are the same in every patient and circumstance, and therefore we only point out the procedure in a general way. Each specialist must take and alter it according to his/her own mind and experience. In case it were necessary, if it were impossible to insert the laryngeal mask, the Rusch ringed catheter can be carried into the trachea in the conventional way.

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