



1132 - DOUBLE ORO AND/OR NASOTRACHEAL INTUBATION IN ORAL AND MAXILLOFACIAL SURGERY AND RELATED SPECIALITIES

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Objectives: An intubation technique that tries to facilitate the following problems:

- Often, nasotracheal intubation is difficult with conventional techniques (epitaxis due to mucosal tears, turbinate fractures, etc., which is linked to important risks). Therefore, deriving in tracheostomies if surgical procedure cannot be delayed.
- Sometimes, Anaesthesiologist uses reinforced small calibre nasotracheal tubes to surpass the difficulties of the naso-choanal region and by making use of the advantages of the modern anesthesia devices or respirators, the surgical procedure can have place, although after it, if the patient needs to stay at the ICU, anaesthesiologists or intensivists do not like the small calibre nasotracheal tube.

Materials and methods: Two strengthened small calibre endotracheal tubes chosen so that they can pass through naris and nasochoanal structures. We also prepare the usual connections between tubes and the rest of the circuit to ventilate the patient correctly.

We follow usual intubation guidelines, but instead of using only one nasotracheal / orotracheal tube, we introduce two tubes, one through each naris. After surpassing naso-choanal structures, both tubes are located in oropharynx where they are picked up with the help of a Magill tweezer, to introduce then in the trachea trying that they get installed symmetrically. The two balloons are inflated with half the volume they would need if located individually, although we feel this is by touching them, when the endotracheal tube allows it in the proximal balloon.

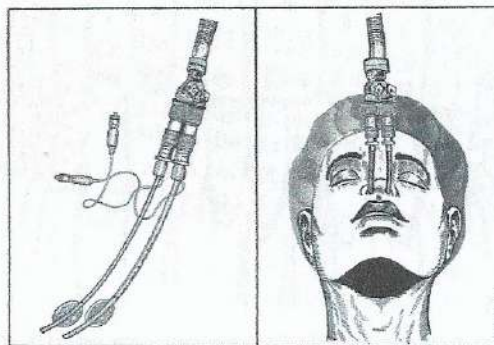


Fig. 1: Drawing of endotracheal tubes and intubation of a patient.

We then control ventilation of both lungs through auscultation and if everything is fine, we fix the tubes in the traditional and personal way.

Results: Double intubation may be similar to the conventional endotracheal tube, functionally speaking. This avoids tracheostomies and submental intubation. Traumatology and orthognathic are the most benefited areas.

Conclusion: The double intubation allows to better locate the tubes than when a bigger one is used. This avoids tracheostomies and/or submental intubation.

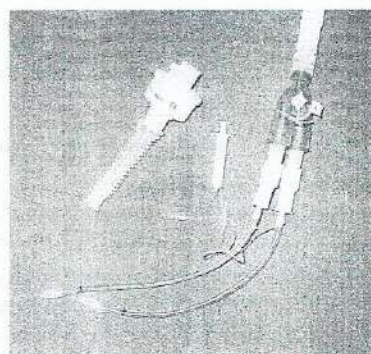


Fig. 2: Picture of endotracheal tubes for double intubation.

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Double oro and/or nasotracheal intubation in oral and maxillofacial surgery and related specialities

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