**The Ultimate Front of Neck Access Day**

**Friday 9th December 2016**

**UCH Education Centre, 1st Floor, 250 Euston Road, London NW1 2PG**

**09.00 Coffee and registration**

**09.30 Introduction and pre-course scenario questionnaire**

**10.00 Practical session I**

10.10 Needle Cricothyroidotomy, Dr Tina Ferguson

10.30 Scalpel/bougie technique, Dr Jamie Turnbull

10.50 Wire guided devices, Dr Jim Roberts

**11.10 Coffee and biscuits (20 minutes)**

**11.30 Practical session II**

11.30 Surgical including kitchen knife & biro, Mr Mark Ferguson

11.50 Tubes and pressures, Dr Edward Bick

12.10 Ultrasound imaging of the airway, Dr Simon Morley

12.20 THRIVE demonstration, Dr Fauzia Mir

**12.30 Lunch (45 minutes)**

**13.15 Lectures**

13.15 Introduction, Dr Edward Bick

13.20 ‘CICV during anaesthesia’, Dr Tina Ferguson

13.40 ‘Airway obstruction before and after anaesthesia’, Mr Jon Hughes

14.00 ‘What’s the evidence?’, Dr Jamie Turnbull

14.20 ‘CICV: Does diagnosis matter?’, Dr Jim Roberts

**14.40 Tea and cake (20 minutes)**

**15.00 Expert panel scenarios, Chair Tina Ferguson**

15.00 New DAS guideline simulation scenario

15.30 Scenario 1: Out of the blue CICV

15.50 Scenario 2: Epiglottis in an obese man

16.10 Scenario 3: Recurrent thyroid carcinoma

16.30 Scenario 4: Acute airway settling on medical treatment

**16.50 Summing up, thanks, final questions, feedback, certificates**

**17.00 Close of meeting and Pub for refreshments**

**The Airway Obstruction Scenarios**

**Scenario 1: Out of the blue CICV**

A 47 year old woman is induced with propofol, fentanyl and atracurium for an elective laparoscopic cholecystectomy. She is unventilatable despite adjuncts and help. Intubation is attempted but fails with several laryngoscopes. Her saturations are now <70% and on going attempts to ventilate are failing. There is no obvious cause for the failure to ventilate.

*What would you do, if anything, before going for FONA?*

*What would be your first choice and second choice of FONA?*

**Scenario 2: Epiglottis in an obese man**

You are called and told to get to A&E as fast as you can. On arrival you are told that a 36 year old man has arrived with a 2 day history of worsening sore throat, inability to swallow and just recently very SOB. In the last few minutes he has lost consciousness and his saturations are 55%, Pulse 130 and strong. He is deep blue with a fat neck. Laryngeal anatomy is very difficult to palpate. The ENT surgeon will be arriving in 45 minutes after her dinner and a ward round in a hospital 8 mile away.

*What would be your first choice and second choice of FONA?*

**Scenario 3: Recurrent thyroid carcinoma with very abnormal anatomy**

A 53 year old woman is an inpatient on the ENT ward. She has been admitted with recurrence of a thyroid carcinoma after previous surgery and radiotherapy. No normal laryngeal structures can be palpated. A CT scan has previously shown very distorted anatomy. She becomes more stridulous and is taken to theatre. An awake tracheotomy is attempted but the surgeon cannot find the airway and the patient is now desaturating. He says you have no choice but attempt intubation.

*How would you proceed? Would you attempt FONA? What device?*

**Scenario 4: Acute airway settling on medical treatment**

Friday 9pm. A 65 year old man presents to A&E with severe acute airway obstruction. This resolves completely with adrenaline nebs and steroids. A CT scan shows a malignant process involving the larynx with tracheal deviation and narrowing.

*What is your plan?*