

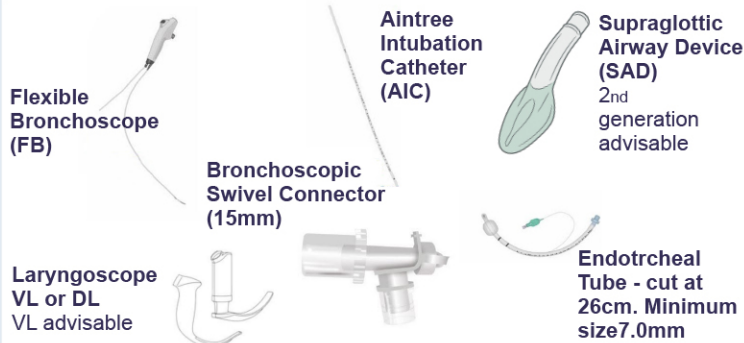
Flexible bronchoscopy guided tracheal intubation through SAD using Aintree Intubation Catheter



Give 100% oxygen.

Confirm adequate oxygenation, ventilation, anaesthesia and neuromuscular blockade.

EQUIPMENT REQUIRED:

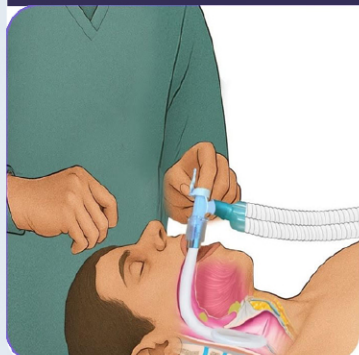


4. SAD REMOVAL OVER AIC:



- Note AIC depth and remove the FB.
- Have an assistant hold the AIC steady and withdraw the SAD
- Once SAD is out of the mouth, hold the AIC close to the mouth and take note of the depth
- Ensure the AIC is at the same depth as initial placement
- AIC depth should never exceed 26cm at the lips

1. PREPARATION:

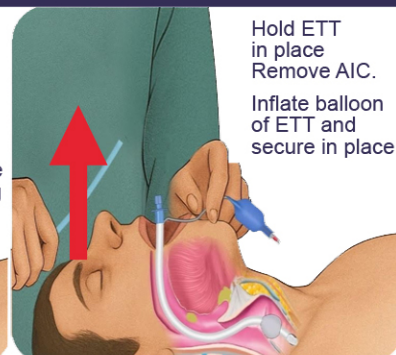
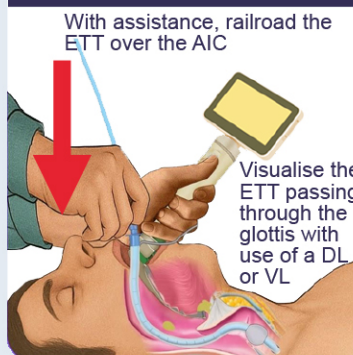


Attach a 15mm swivel connector to SAD, and connect to anaesthetic circuit.

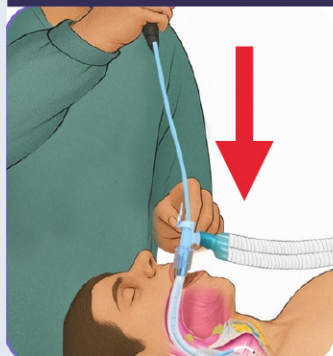
Meanwhile lubricate and preload the AIC onto the FB and secure with tape. Ensure AIC can slide easily off FB.

The graduations on the AIC should be visible to the operator through the SAD.

5. INTUBATION OVER AIC:



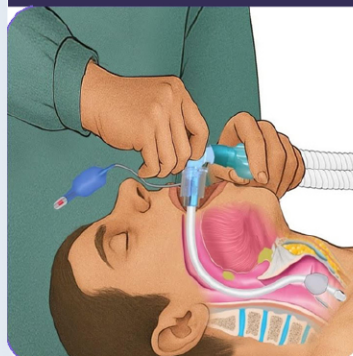
2. EQUIPMENT SETUP:



The SAD should be immobilized by an assistant.

Introduce the FB with the loaded AIC through the top port of the swivel connector into the SAD Lumen and continue ventilation via the SAD.

6. CONFIRMATION OF ETT PLACEMENT:

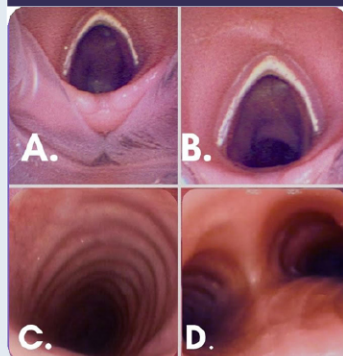


Inflate cuff of ETT. Reconnect the circuit, and re-establish anaesthesia and ventilation

Confirm with waveform capnography.

Use the FB to confirm correct ETT position.

3. FIBREOPTIC INSERTION:



Sequentially visualize:

- (a) SAD aperture bars
- (b) Glottis
- (c) Tracheal rings
- (d) Carina

Never advance beyond the carina in order to avoid barotrauma.

PITFALLS & TROUBLESHOOTING:

- The AIC is not recommended with an LMA Supreme
- External diameter of AIC -6.5. The minimum compatible ETT size is 7.0mm.
- Prior to starting cut the ETT at 26cm - without this you will run out of length of the AIC. and it may be pulled out of the airway when trying to advance the ETT.
- Lubricate the inside of the AIC and the SAD
- Internal diameter of AIC is 4.7mm therefore a paediatric or slim scope will be required.
- Laryngoscopy - Will remove soft tissues from obstructing the path of the ETT. You may need to rotate the ETT 90 degrees anti-clockwise while advancing.