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A combined ventilating-wedging device for the parturient

To the Editor:

The difficult airway in the obstetric patient is often unpredictable. In the obstetric population the risk of failed intubation has been reported to be as great as 1 in 300 undergoing Caesarean section,¹ which is almost eight times that in the general surgical patient population. There is also a relatively high incidence of "failed" intubation in obstetric patients as the frequency of emergency surgery can create hurried situations which may preclude a careful evaluation of the airway before induction. Tunstall² was the first to establish a "failed intubation drill" to assure maternal oxygenation and ventilation when intubation cannot be achieved. If intubation is unsuccessful and mask ventilation fails, one can support maternal oxygenation by performing a cricothyrotomy with a large gauge needle and transtracheal jet ventilation.

At our institution we have prepared for obstetrical emergency airway situations by equipping our operating rooms with a jet ventilator device which serves two important functions. The jet ventilator is attached via connecting tubing and a three-way stopcock to a 3000 ml/irrigation bag³ (Figure). When a patient for Caesarean section is brought to the operating room for surgery the bag is placed under the right hip and inflated using the jet ventilator to wedge the patient. "Wedging" the patient with this device ensures the jet ventilator is working properly and provides left uterine displacement (LUD) within seconds. In the event of a failed intubation, the device can be disconnected at the stopcock and used to ventilate the patient's lungs. Disconnecting with the stopcock in a closed position to the wedging device will maintain left

FIGURE Bivona Carden Intermittent Jetting Device connected to an inflated 3000 ml irrigation bag.

uterine displacement during performance of transtracheal ventilation.

Utilizing such a set-up serves a dual purpose in the obstetrical patient. It very efficiently provides left uterine displacement which is essential in preventing aortocaval compression as well as functioning as a means of ventilation in an emergency airway situation.

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Anaesthetic management of a patient with Moyamoya disease for Caesarean section

To the Editor:

Moyamoya disease is a rare occlusive disease involving the large intracranial arteries and presents with ischaemic