Retrograde tracheal intubation in Mongolia

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Anesthesia Process: The patient's back and place the O2 mask using the 20 G intravenous IV Fentanyl 100 µg. We reported successful and unsuccessful anesthesia retrograde tracheal intubations in NCC.

Case I: In 03 June 2015, a 30 year-old male patient was posted for elective surgery head and neck department. The surgery was required to recurrent tumor (d=6cm) of Rt. Sub mandible gland T2N1M0 do MND tumor remove. On examination of the airway, all parameters such as mouth not opening (he had big accidence and neck surgery in 2002, 2007, 2012). Chin-thyroid distance: less than 2 cm. Dentures, removable teeth.

Case II: In 19 Sep 2015, a 66 year-old male patient posted for emergency case head and neck surgery department. The patient had two surgeries NCC. First elective surgery was 17 Sep 2015 (required to big tumor resection and reconstruction by ALTFF in cancer mandibles) with normal intubation. Second emergency surgery was 19 Sep 2015 (free plat to restore the blood supply and airway oxygen supply to increase) with retrograde intubation. He was breathing periodically interrupted.

Case III: In 11 Apr 2016, a 46 year-old male patient was posted for elective surgery head and neck department. He was very (Fibroptic picture 3) difficult slowly breathing. The patient had tongue (root) cancer surgeries NCC. Elective surgery required to big tumor resection with tracheostomy. We can`t put retrograde intubation. Because he has trachea d=0.2-0.3mm. After resection we came to know that the intubation tube (size number: 4-5.5) was too big.

Case IV: In 13 Jan 2013, a 57 year-old male patient posted for elective surgery head and neck department. The patient had surgery big tumor resection and reconstruction in cancer mandibles with successful anesthesia retrograde tracheal intubations in NCC.

Discussion: Number of retrograde intubations in the literature makes an effort 539 patients and 137 Cadavers. If high professional anesthesia team puts retrograde intubation successful then, low trauma in patient, may be easier surgical team as fiberoptic and tracheostomy.

Speaker Biography

Bolormaa Batnasan did her Master's degree (2008) at World Federation Society, Anesthesiology–Training course in Thailand and Hospital Management course (2009) in Arab Republic of Egypt, and Anesthesiology Fellowship course (2010) Soul, Korea. She has studied Doctorate in September 2010, in Medical University of Mongolia and Anesthesiology Fellowship course (2012) in Lausanne, Switzerland.

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