

Awake Fiber-optic Intubation and Tracheostomy for a Parturient with Submandibular Abscess

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- 21 y.o. G3P2 female with 1 week of left sided facial pain and swelling
 - Est. 37 weeks gestation without prenatal care
 - PMHx: smoker, no previous surgery
 - Difficulty with mouth opening, speech, swallowing
- Severe trismus on exam
- CT neck demonstrated a left submandibular necrotic abscess



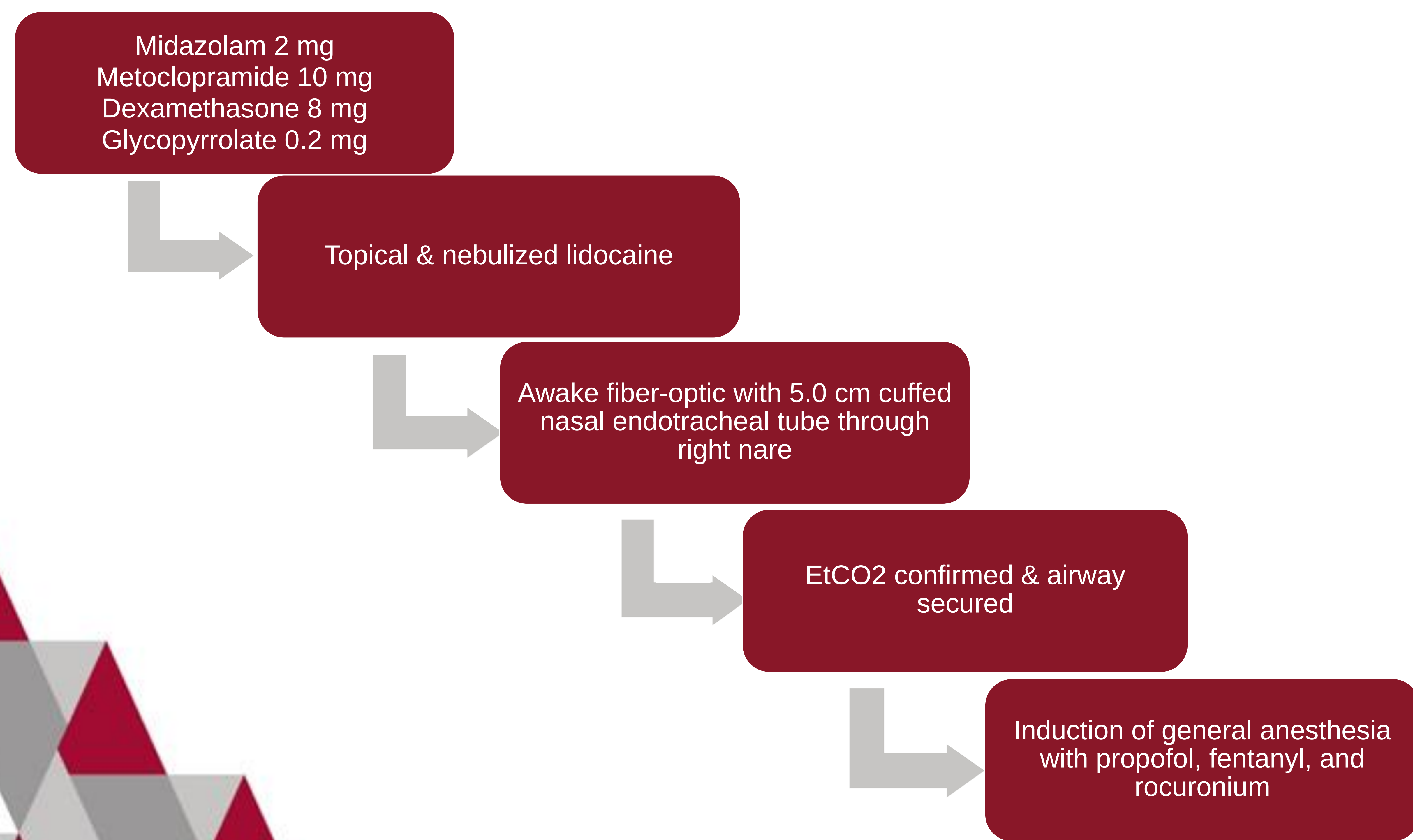
Decision to proceed with urgent incision & drainage of facial abscess and tracheostomy

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Anesthetic Plan



- Intra-operative continuous electronic fetal monitoring
- Transferred to SICU post-op
- POD 1: Transferred to floor
- POD 5: Induction of labor for gestational HTN with subsequent uncomplicated vaginal delivery
 - Dural puncture epidural for labor analgesia
- POD 6: Repeat CT with no drainable fluid collection
- POD 7: Tracheostomy de-cannulated

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- Physiologic changes during pregnancy can increase risk of difficult airway
- Complex social situation – no prenatal care and uncertain gestational age
- Awake nasal fiber-optic airway and tracheostomy provided time to optimize patient and fetus for delivery and maintained a secure airway in the event of emergency Cesarean section
- Allowed for patient to obtain labor epidural in controlled environment
- Required multidisciplinary team approach involving the patient, Obstetrics, ENT, Neonatology and Anesthesia

Reference:

1. Russell, R. The Difficult Airway: Risk, Assessment, Prophylaxis, and Management. In: Chestnut, DH, ed. *Obstetric Anesthesia*. Elsevier; 2020:671-691.