Concordance of Anticipated Difficult Airway with Difficult Neuraxial Placement in the Obstetric Population: A Prospective Observational Study

Diego Villela-Franyutti, M.D., Kara G. Fields, M.S., Samuel A Justice, PhD, Lawrence C. Tsen, M.D.

INTRODUCTION

- Incidence of difficult airway in pregnancy has been estimated as high as 1 in 49[1]. Risk factors are well identified and routinely assessed.

- Difficulty with neuraxial placement is also not uncommon and risk factors are less well studied[2,3].

AIMS

- To determine the concordance of predicted difficulty in airway management with a predicted and actual difficult epidural placement

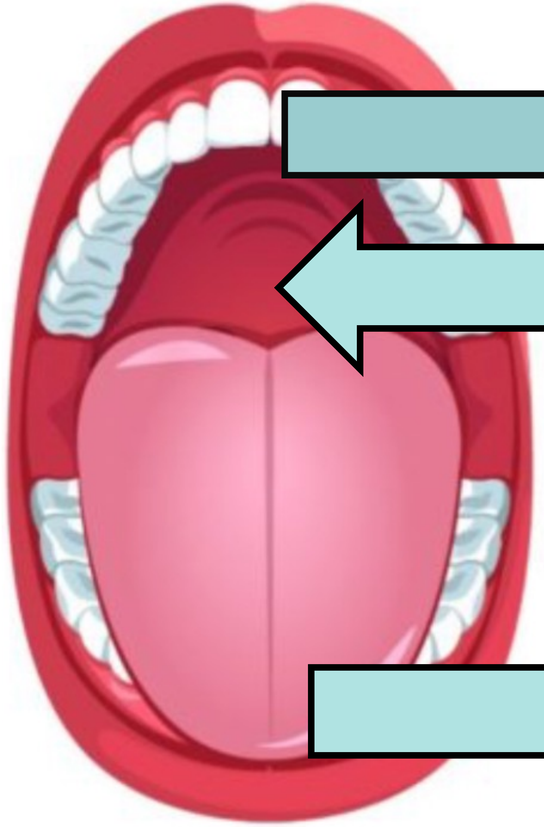
METHODS

- IRB-approved single center prospective study with data collected for 298 parturients to date.

- Independent data collection by investigator regarding: Difficult airway predictors (18), difficult back predictors (6) and observed actual difficulty with neuraxial assessed.

Predicting Difficulty

Actual Difficulty*



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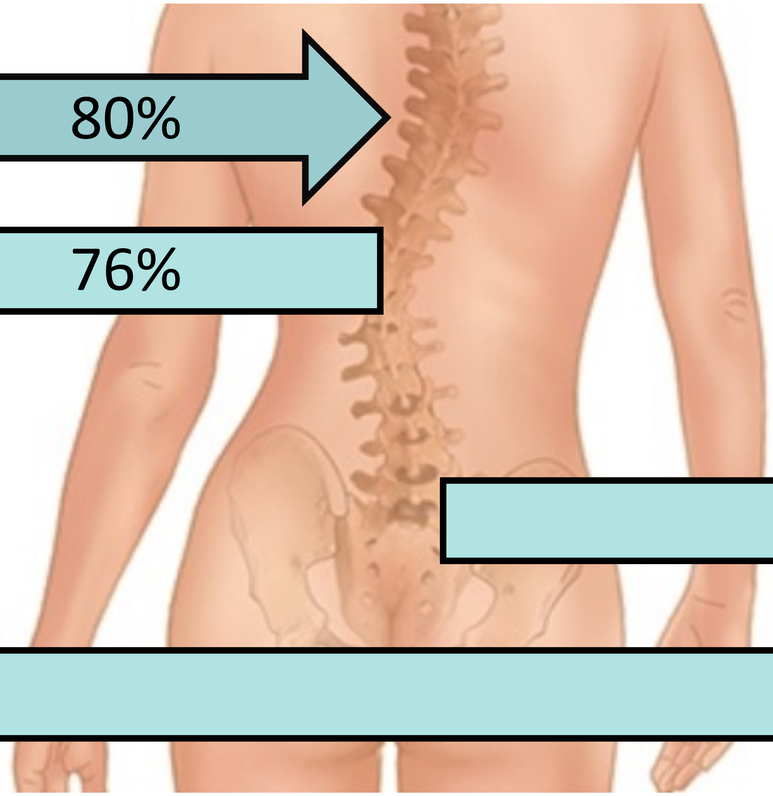

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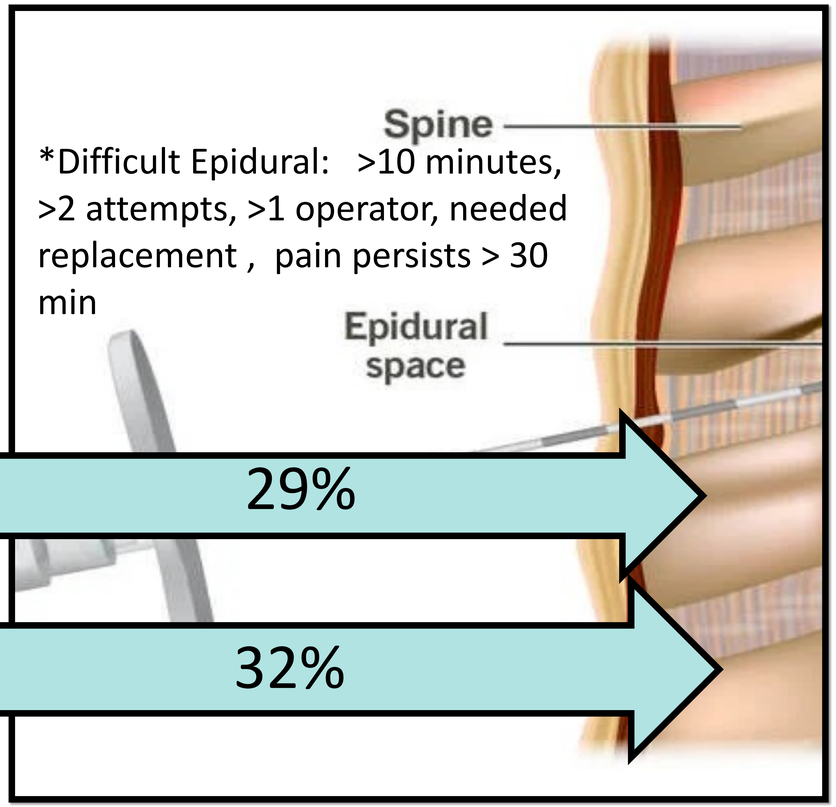

*Difficult Epidural: >10 minutes, >2 attempts, >1 operator, needed replacement , pain persists > 30 min

Predictors of a Difficult Airway

Predictors of a Difficult Back

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DISCUSSION

- Difficult airway predictors are well correlated to predictors of a difficult epidural.
- An airway examination alone may have value in predicting difficulty in neuraxial placement.
- Obstetric anesthesiologists should be aware that the scenario of encountering a “difficult airway-difficult back” may be more common than expected and should anticipate difficulty with neuraxial placement in patients with predictors of a difficult airway.

References

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