



Nasopharyngeal Airway As An Alternative Suction Catheter

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My opinion

Nasopharyngeal airway (NPA) can be safely inserted to open the airway and to keep the airway open in the unconscious, sedated or anesthetized (USA) patient except when basal skull fracture or severe coagulopathy is suspected. The NPA may be especially helpful when patient's mouth cannot be opened to place an oropharyngeal airway or suction catheter. Now the question arises whether the NPA itself can be used as suction catheter for clearing pharyngeal secretions. Herein, the imaged manikin depicts conversion of a NPA into a suction catheter using a 5-in-1 tubing connector (51TC) (see arrowhead in Figure). A 51TC can fit on 5-11 mm (3/16", 1/4", 5/16", 3/8", 7/16") internal diameter (ID) tubes [1]. In the image, the 51TC is connected to an 8 mm ID NPA and 9/32" (7.1 mm) ID suction tubing. As the adult-sized NPA ID ranges from 6-9 mm, the 51TC will always come in handy. The appropriately sized NPA stays 1 cm above epiglottis [2-3]. Thus, the question arises whether NPA will safely suction oropharyngeal and laryngopharyngeal secretions from semi-closed pharyngeal cavity when contralateral nasal cavity is open to atmosphere and oral cavity has not been manually apposed or sealed shut especially in intubated patients unless NPA gets stuck behind an upper-airway-obstructing tongue. Usually, the USA patient is nursed in supine position with head up to prevent laryngopharyngeal reflux. However, when suspected of ongoing laryngopharyngeal reflux, the USA patient is routinely turned to slight Trendelenburg position with head down to drive secretions away from laryngeal inlet. Herein, gravity can move laryngopharyngeal and oropharyngeal secretions towards the NPA [4]. Few questions remain: Will using the NPA as a suction catheter injure pharyngeal tissue or inspissate suctioned secretions within the NPA? Like SSCOR DuCanto Catheter [5] but unlike the split NPA [6], the scarcely if any available fenestrated NPA [7-9] with distal tip having minute side-eyes may come in handy for entraining air to prevent it from catching pharyngeal tissue. To counter inspissated suctioned secretions within the NPA, a contralateral NPA placement or pre-existing double-barrel NPA [10] in-situ may

maintain airway patency during suctioning of laryngopharyngeal and oropharyngeal secretions. Summarily, only time will tell whether this manikin-based in vitro presentation will lead to use of NPA as successful, safe and common alternative suction catheter in vivo. Â Â

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