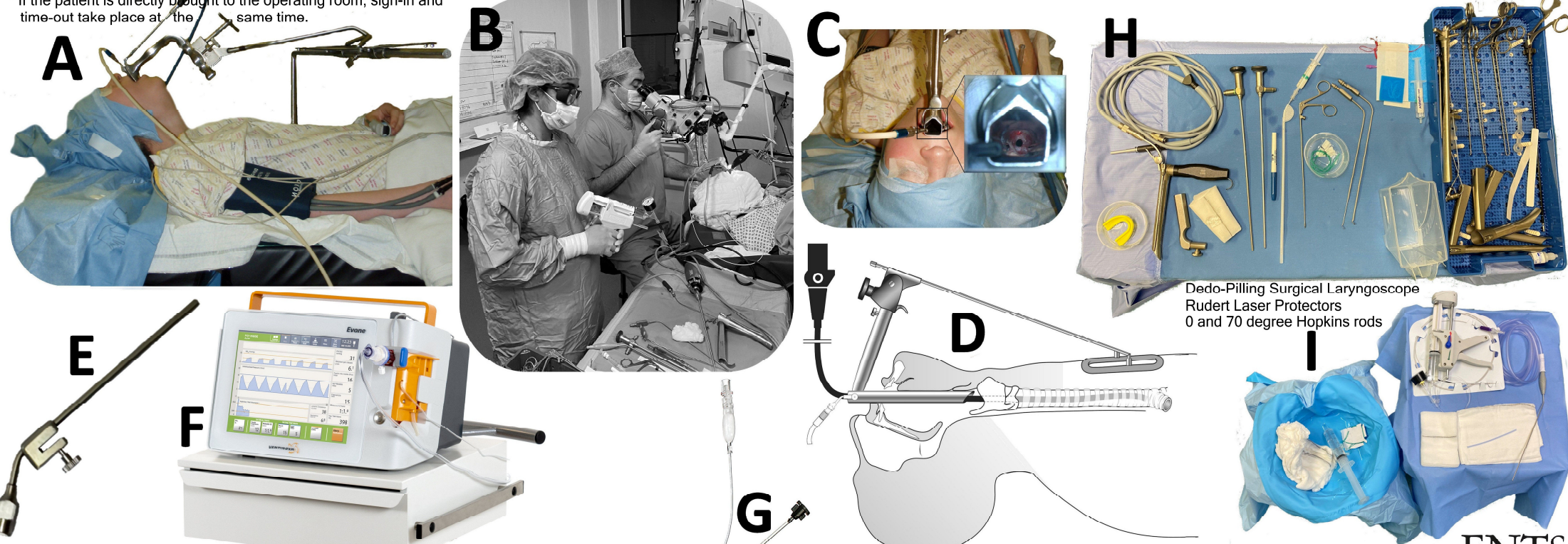


<p><b>Surgeon &amp; anaesthetist perform joint Airway Review</b></p> <p>±AEROEndoscopy</p> <p>Each patient's Airway Plan (main and rescue strategies) are discussed, clearly understood, and agreed upon during the WHO Team Brief.</p>	<p>Patient arrives on a suitable operating bed. OptiFlow™ Switch is connected.</p> <p>WHO Sign-in <input checked="" type="checkbox"/>*</p> <p>Intranasal (topical) Xylometazoline is applied.</p> <p>OptiFlow™ Switch (i.e. peroxygenation) is started.</p> <p>Intravenous access and vital signs monitoring are established.</p> <p>Depth-of-Anaesthesia monitoring is applied.</p>	<p><b>Target-controlled infusions</b> of Propofol and Remifentanyl for induction of anaesthesia are set and titrated based on underlying patient fitness and morbidities.</p> <p><b>Non-depolarising</b> muscle relaxant (i.e. Rocuronium) is administered and monitored quantitatively.</p>	<p>Nasal flow rate is increased to 70-80 L/min.</p> <p>~30° head-up position is maintained (to avoid hypoxia due to <b>shunting</b>, the shunt having been caused by atelectasis).</p> <p>Jaw-thrust is maintained (to avoid hypoxia due to supralaryngeal <b>airway obstruction</b>).</p>	<p><b>Facemask Positive-Pressure Ventilation (PPV)</b> is performed to check ease of facemask-based rescue strategy and adequacy of muscle relaxation.</p> <p><b>Anaesthetic Laryngoscopy</b> is performed to check ease of intubation-based rescue strategies.</p> <p><b>Second-Generation Supraglottic Airway Device (SAD)</b> is placed and positive-pressure ventilation commences.</p>	<p>Patient is transferred with the SGA in place, and apnoeic, to the operating room.</p> <p>Patient is positioned with top of the head, supported by a firm horseshoe head-ring, at the edge of the bed.</p> <p>Positive-Pressure Ventilation through SGA is re-established.</p> <p>WHO Time-out <input checked="" type="checkbox"/></p> <p>Instruments trolley, jet ventilator, operating microscope, laser, smoke evacuator, suspension table, and OptiFlow™ positioned.</p> <p>Consumables (e.g. Epinephrine and corticosteroids) are prepared</p> <p>Rigid and/or flexible tracheobronchoscopes connected</p>	<p>Airway Plan with bailout points and plans, is discussed.</p> <p>Rescue plans for desaturation if desaturation is <u>pre</u>, and if desaturation is <u>post</u>, suspension laryngoscopy (latter includes jet ventilation &amp; MLT).</p> <p>THRIVE restarts at 70-80L/min.</p> <p>SAD is removed.</p>	<ul style="list-style-type: none"> <li>Gradual-pressure access</li> <li>Diagnostic images and assessments</li> <li>Biopsies</li> <li>Intralesional Corticosteroids, etc.</li> <li>Cold-steel incisions</li> <li>Microdebrider</li> <li>Lateralisation Glottoplasty</li> <li>Stent Placement</li> <li>Cutting-Balloon Bronchoplasty</li> </ul>	<ul style="list-style-type: none"> <li>Endoscopic Tracheal Resection</li> <li>Endoscopic Laryngotracheoplasty</li> <li>'Pepperpot' in-situ photoreduction</li> <li>Laser Cordotomy / Arytenoidectomy</li> <li>Endoscopic Laryngeal Remobilisation</li> <li>VM Fulguration</li> <li>Tissue ablation</li> <li>Laser Tracheo-bronchoplasty</li> </ul>	<p>The pharynx, larynx, trachea and bronchi are suctioned.</p> <p>Postoperative images and videos are obtained.</p> <p>The anaesthetist prepares to reinsert SAD.</p> <p>Surgical endoscope is removed</p> <p>Patient is checked for device trauma.</p>	<p>Airway compliance is recorded before SPV resumes.</p> <p>SPV Resumption is confirmed.</p> <p>Muscle relaxation is reversed, if necessary.</p> <p>TIVA is discontinued.</p> <p>Once spontaneous ventilation restarts, the patient can be transferred to the recovery area with oxygen delivered via SAD, which is removed in the recovery area.</p> <p>If any airway concerns, patient fully wakes up in the operating room.</p>
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|---|---|--|
| <input checked="" type="checkbox"/> OptiFlow™ Switch    | <input checked="" type="checkbox"/> Surgical Trolley    | <input checked="" type="checkbox"/> Operating Microscope |
| <input checked="" type="checkbox"/> Jet Ventilator      | <input checked="" type="checkbox"/> Laser/Other devices | <input checked="" type="checkbox"/> Suction Tubing       |
| <input checked="" type="checkbox"/> DAS Airway Trolley  | <input checked="" type="checkbox"/> Smoke Evacuator     | <input checked="" type="checkbox"/> Consumables          |
| <input checked="" type="checkbox"/> Anaesthetic Machine | <input checked="" type="checkbox"/> Suspension Table    | <input checked="" type="checkbox"/> Endoscope System(s)  |

\* If the patient is directly brought to the operating room, sign-in and time-out take place at the same time.



Standard Operating Procedure for Translaryngeal Shared-Airway Microsurgery.  
 A-D: Suspension Laryngotracheoscopy; E: Supraglottic jetting cannula; F: Evone Ventilator; G: TriTube; H-I: Basic scrub table setup.