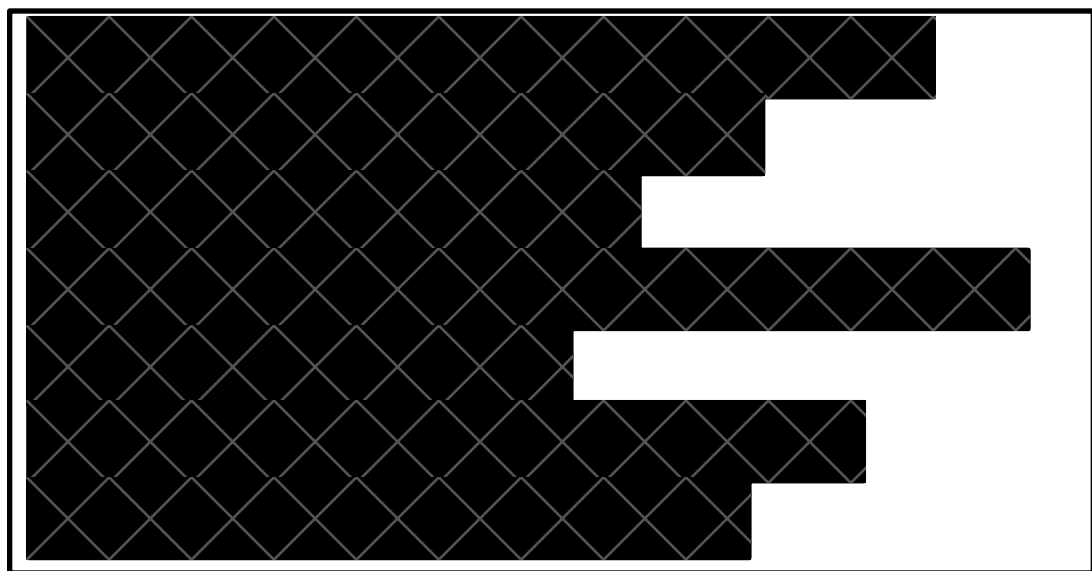
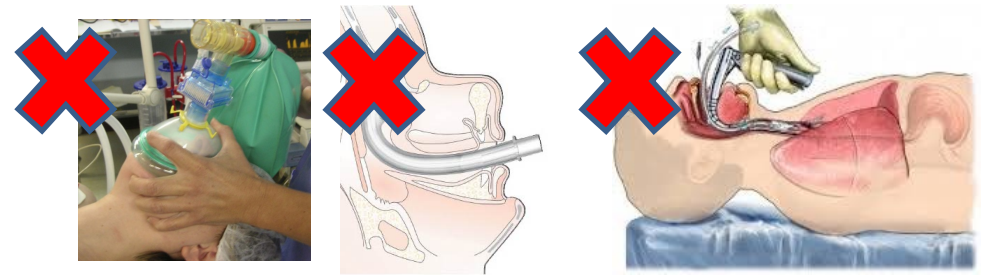


SURGICAL AIRWAY MANAGEMENT IN SOF SETTING



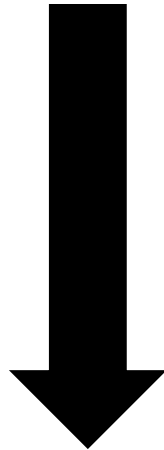


CICO SITUATION



“Can’t Intubate Can’t Oxygenate”

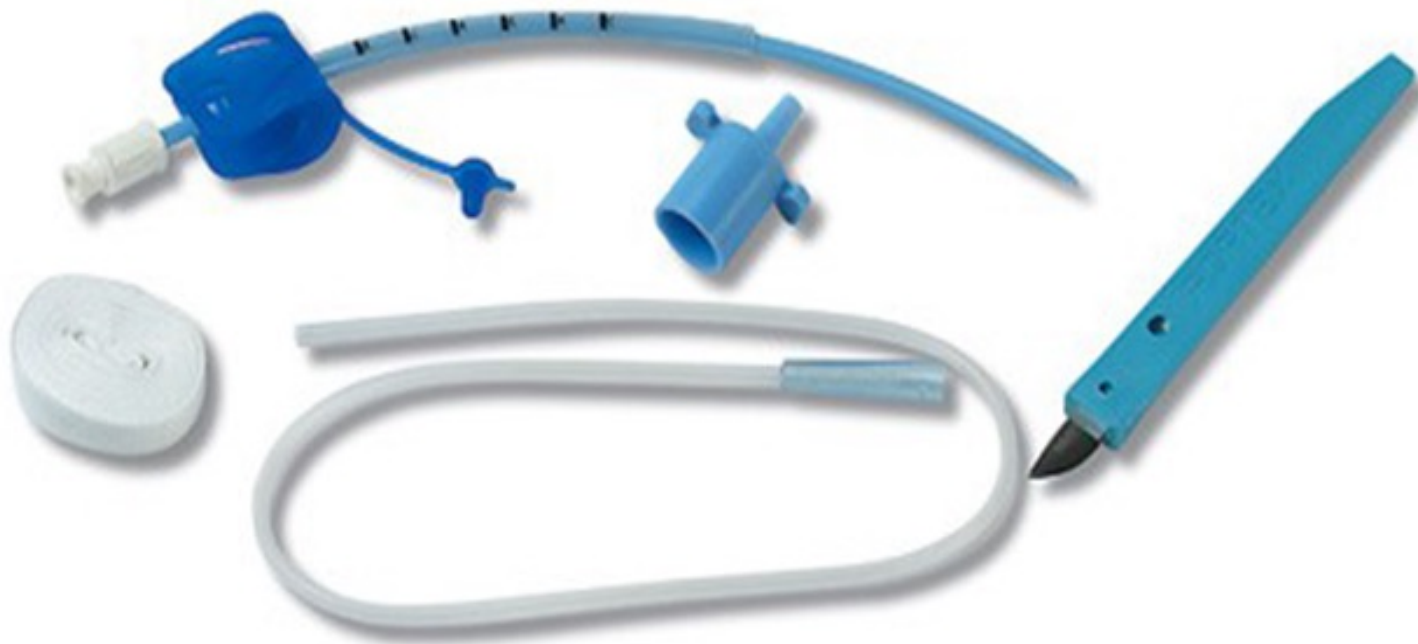
↓ Sp O²



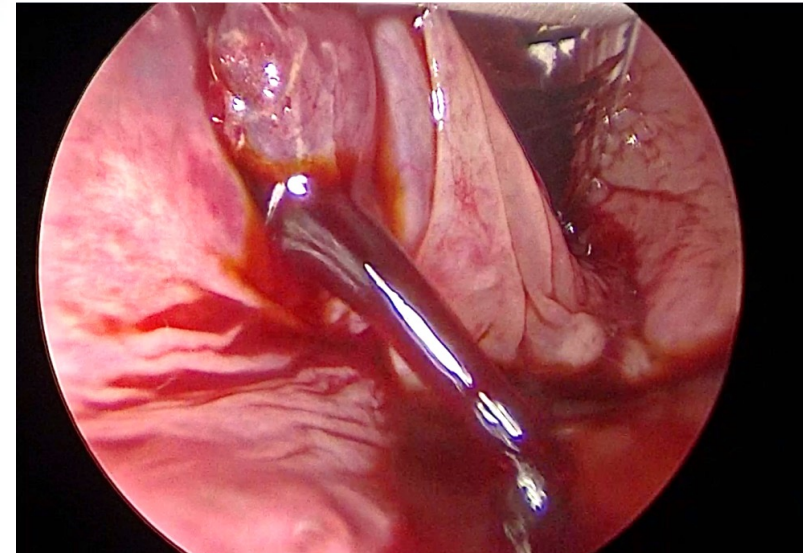
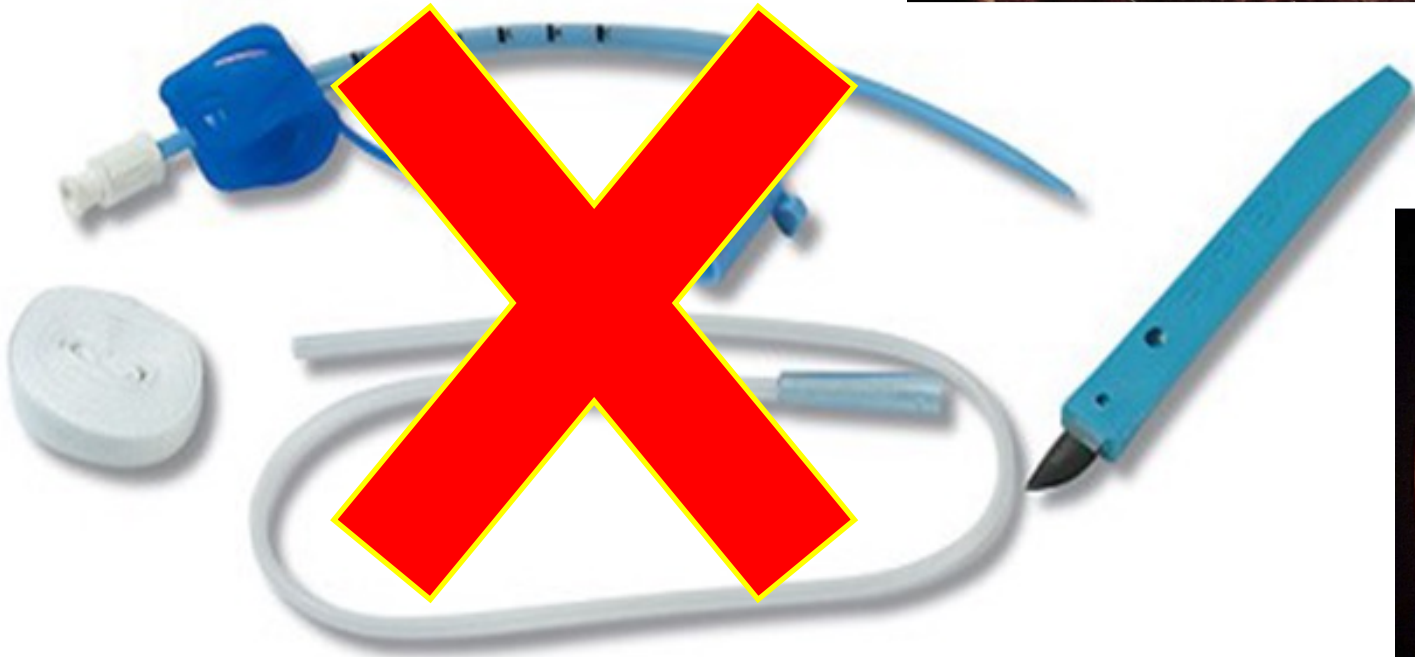
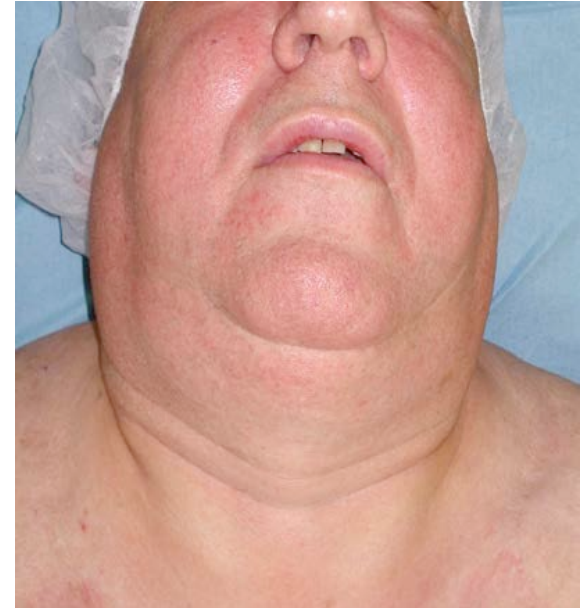
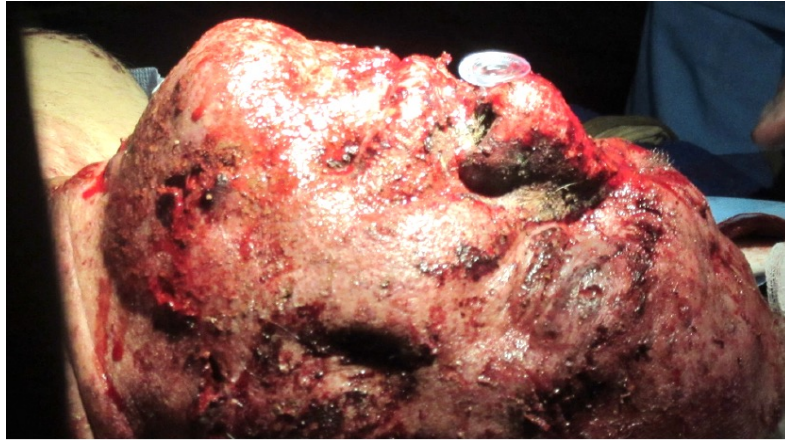
Brain hypoxia
Cardiac Arrest
Death



MESSAGE 1 : KIT MINITRACH 2®



MESSAGE 1 : KIT MINITRACH 2® → FORGET IT !





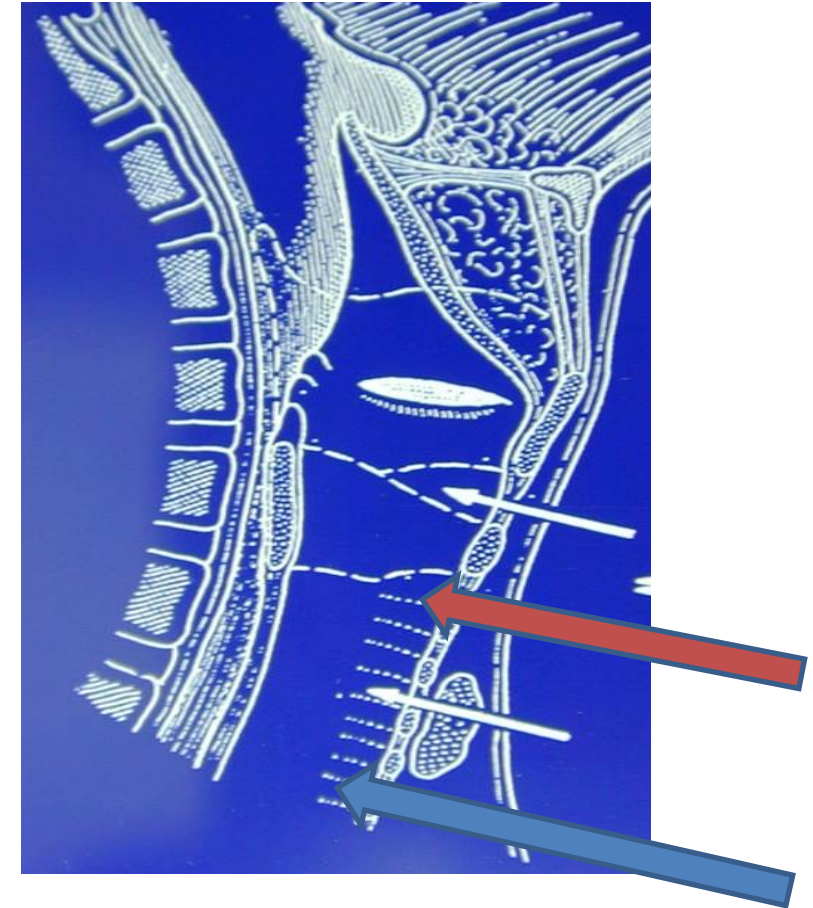
CICO SITUATION

“Can’t Intubate Can’t Oxygenate”

Rapid
resolution

Surgical Airway Rescue

Emergency Front-Of-Neck Airway
(eFONA)



CRICOTHYROIDOTOMY

TRACHEOSTOMY



In accordance with
CoTCCC Guidelines
As Of: 31 JAN 2017

TACTICAL COMBAT CASUALTY CARE ALGORITHM

TACTICAL EVACUATION CARE (TACEVAC)



Indicates All Combatants
and Combat Lifesaver
capability level skill

Indicates Combat Medic
capability level skill

Indicates Combat
Paramedic or SOF Medic
capability level skill

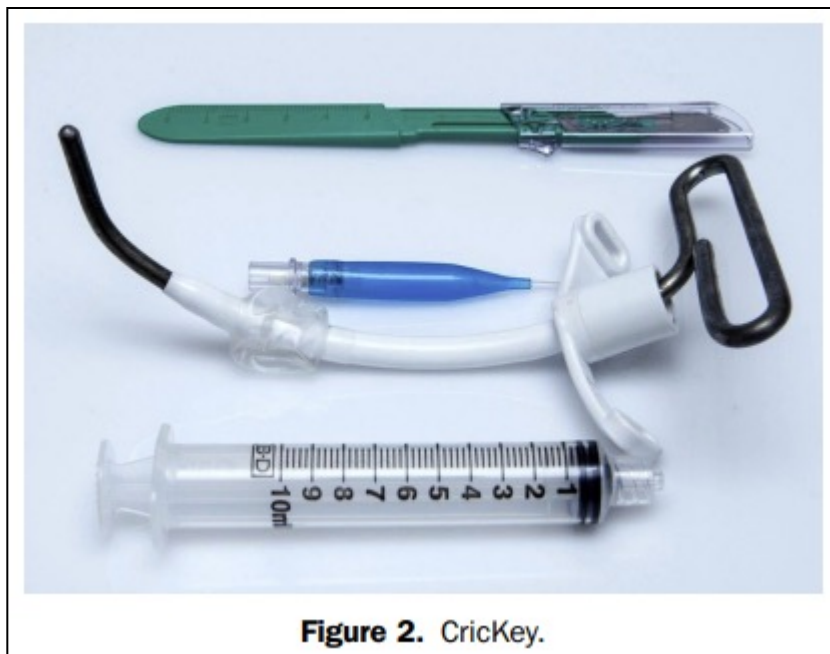
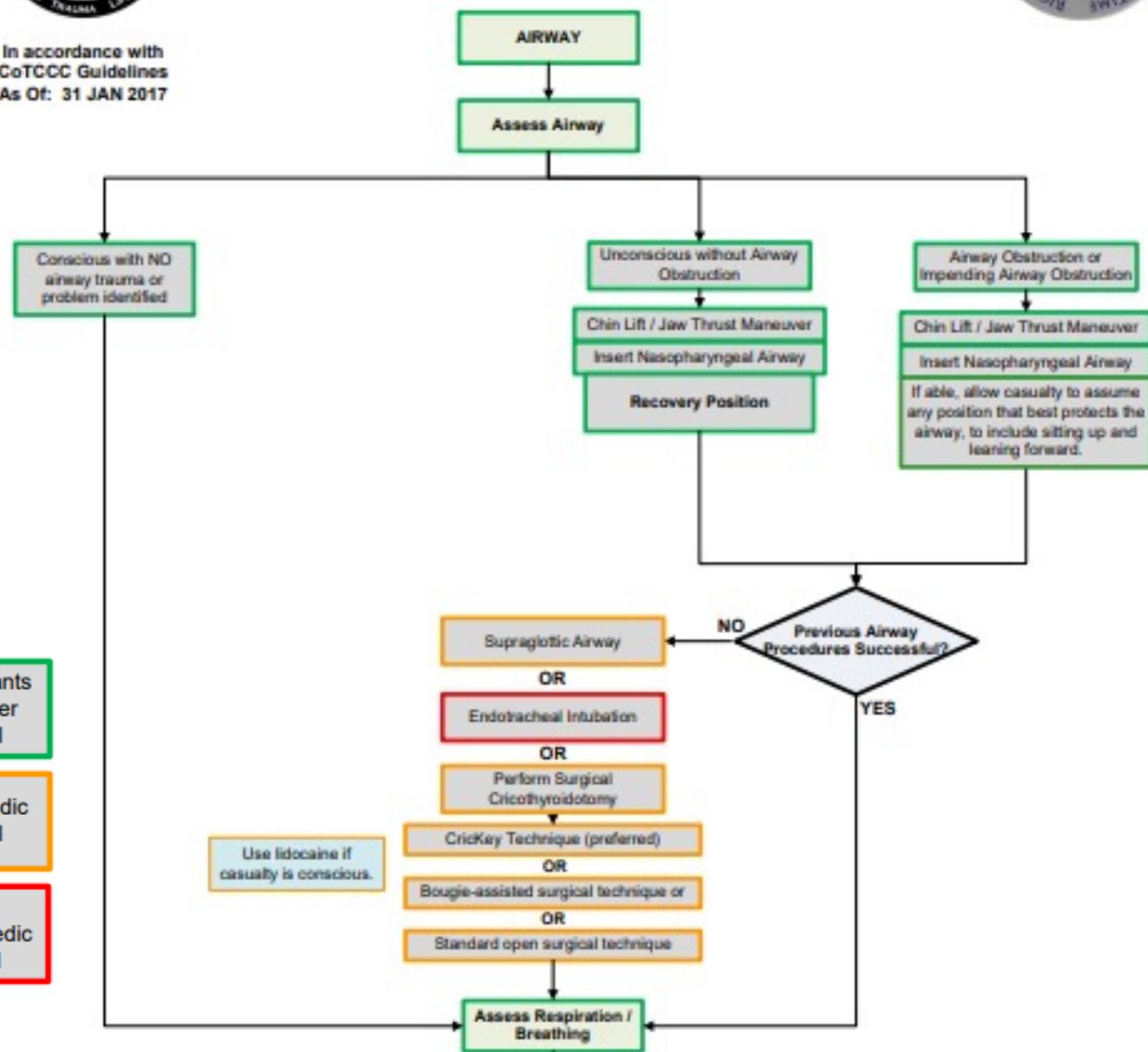
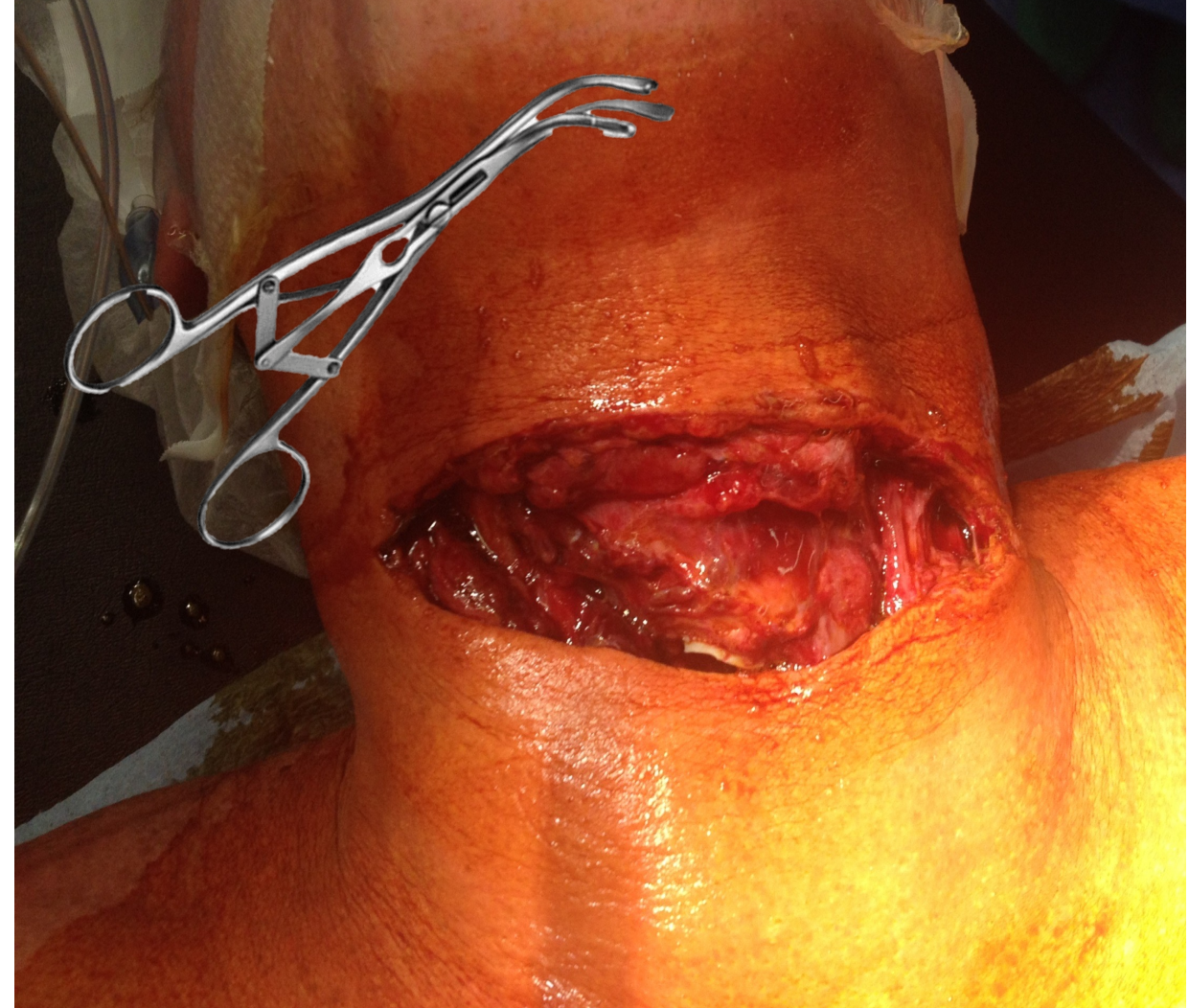


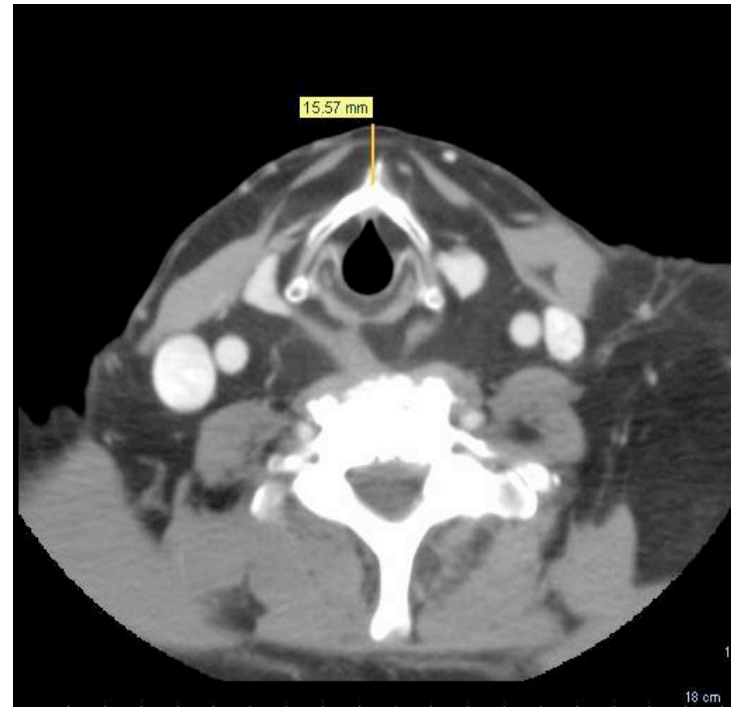
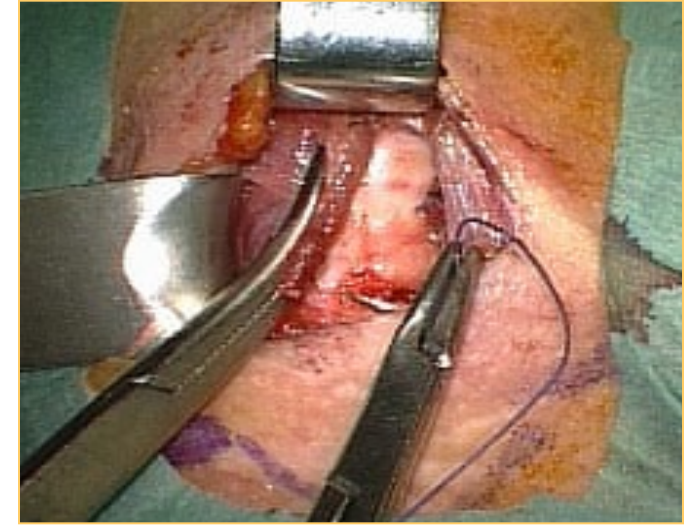
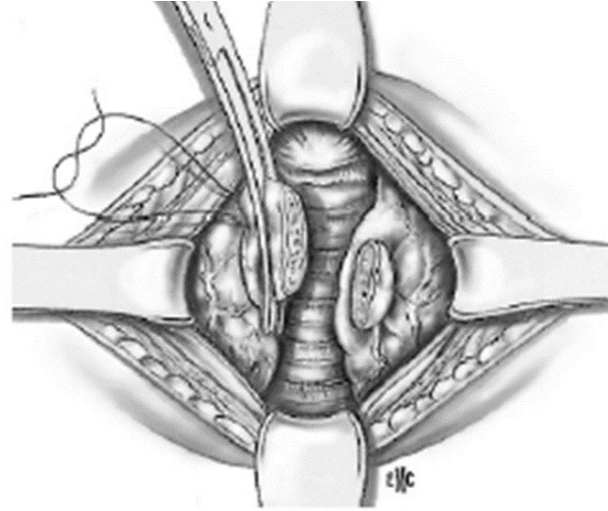
Figure 2. CricKey.

MESSAGE 2 : USE « NATURAL » eFONA

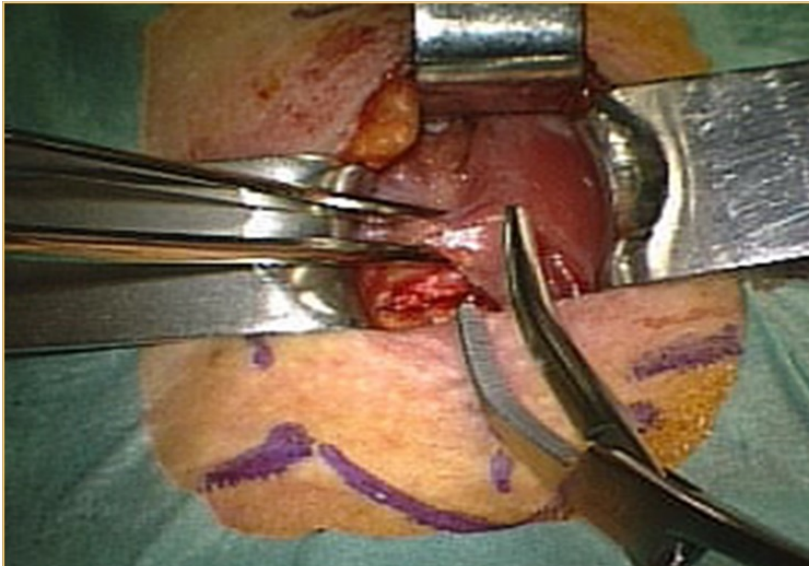




MESSAGE 3 : NO EMERGENT TRACHEOSTOMY



MESSAGE 3 : NO EMERGENT TRACHEOSTOMY



MESSAGE 4 : ONLY OPEN SURGICAL CRICOTHYROIDOTOMY TECHNIQUES

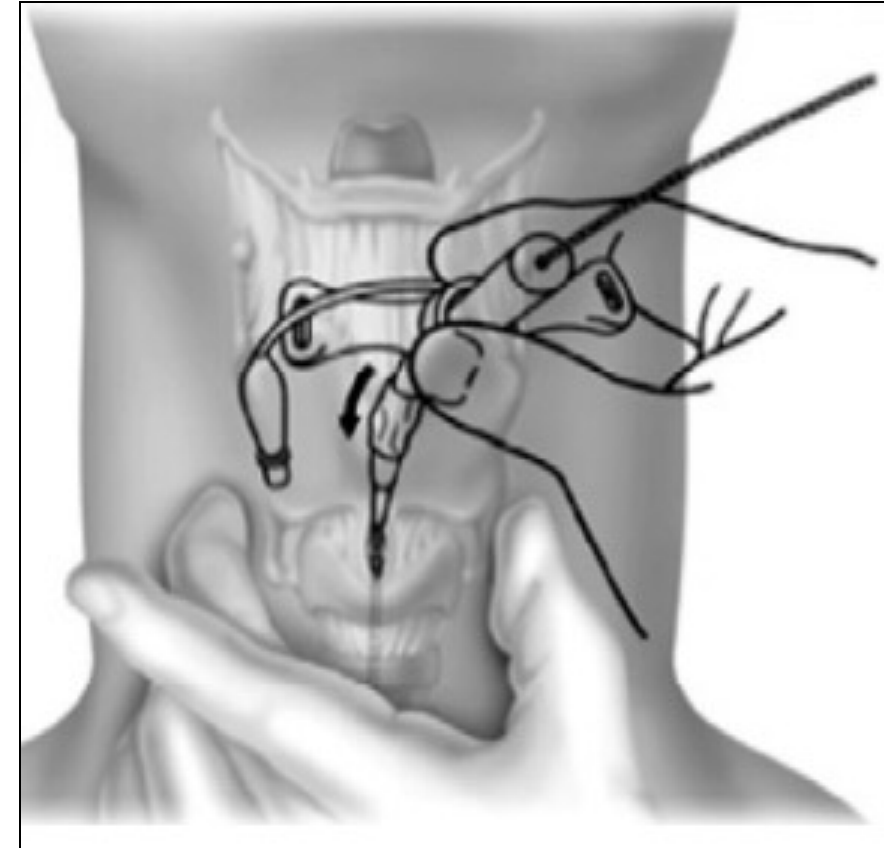
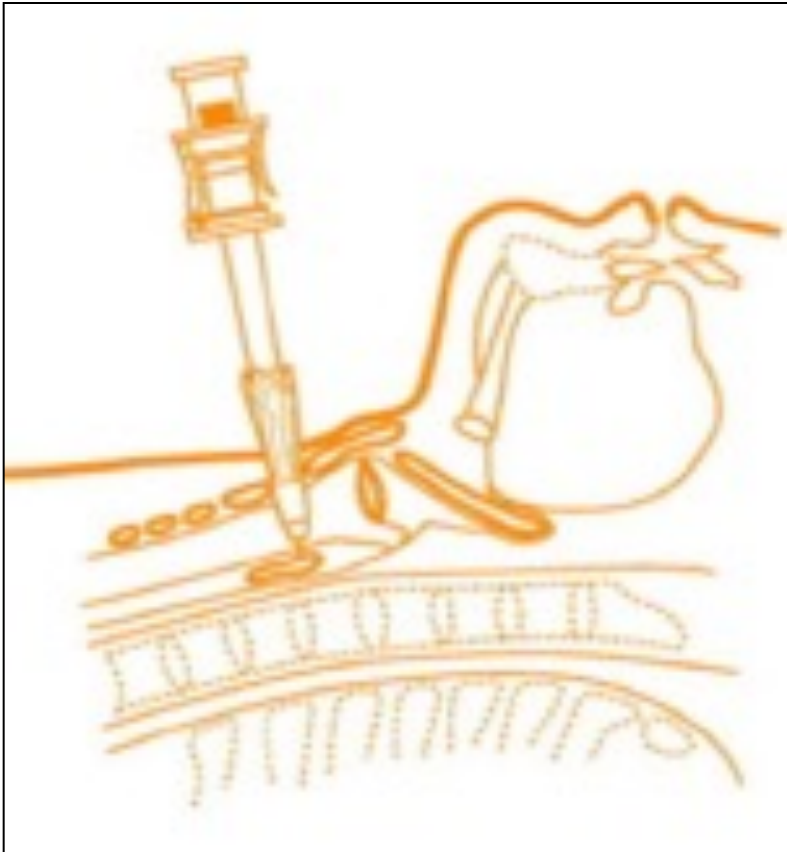
« SBT » Technique

1. **Scalpel** (with blade e.g. number 10 or 20)
2. **Bougie** (≤ 14 French gauge)
3. **Tube** (cuffed 5.0 or 6.0 mm ID)



○ — FORGET OTHER eFONA TECHNIQUES

- Non-scalpel cricothyroidotomy
- Percutaneous cricothyroidotomy / tracheostomy

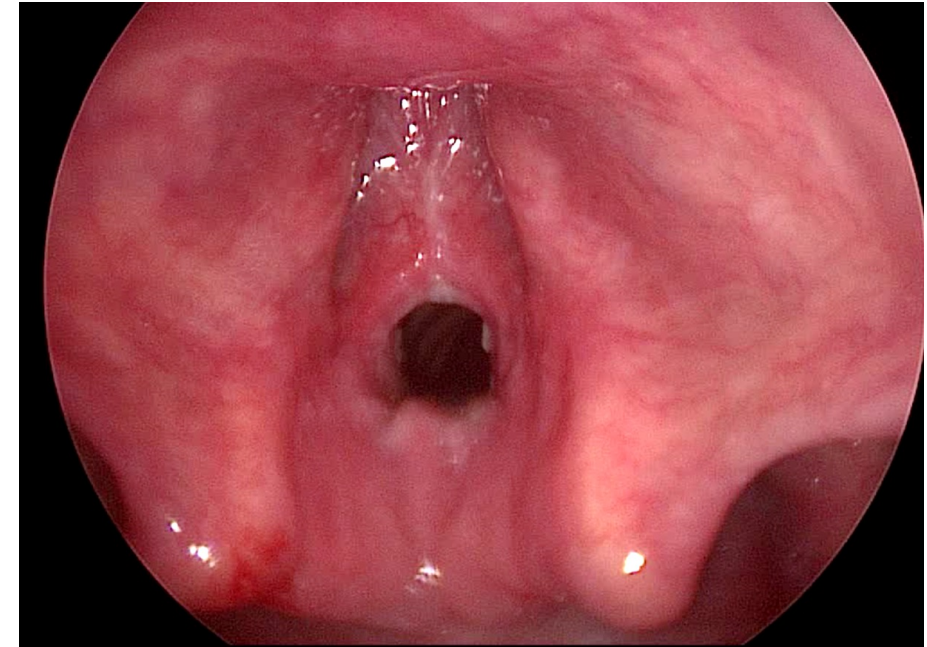


MESSAGE 5 : SECURE FIXATION

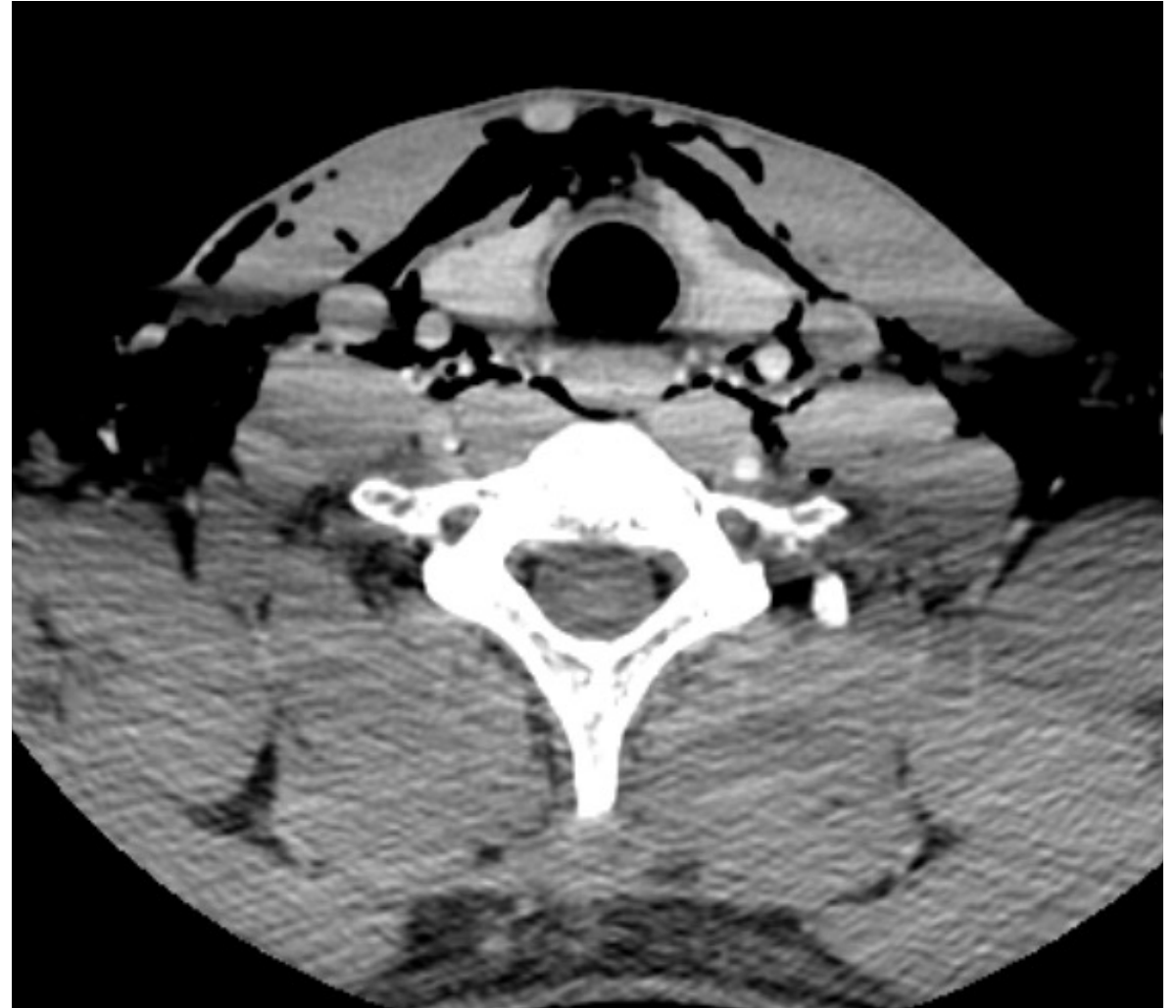
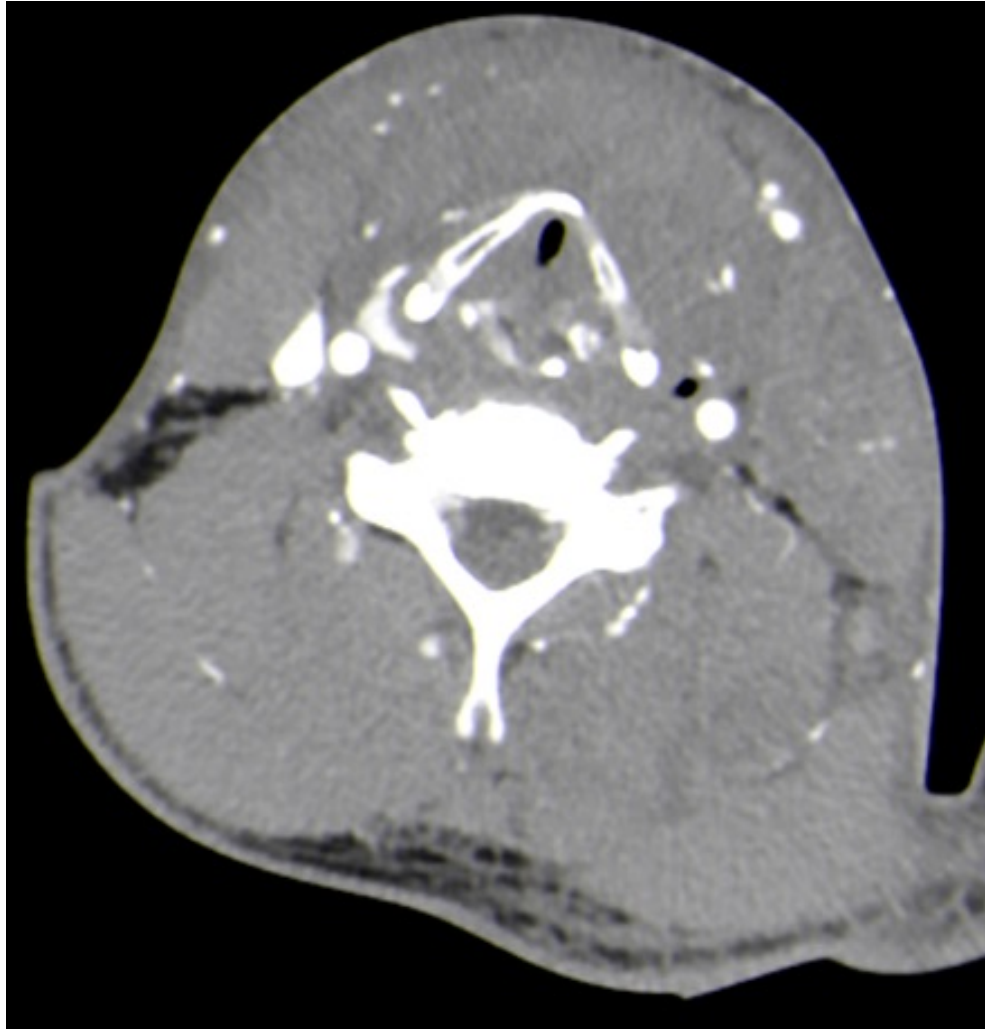




MESSAGE 6 : QUICK CONVERSION BY SURGICAL TRACHEOSTOMY

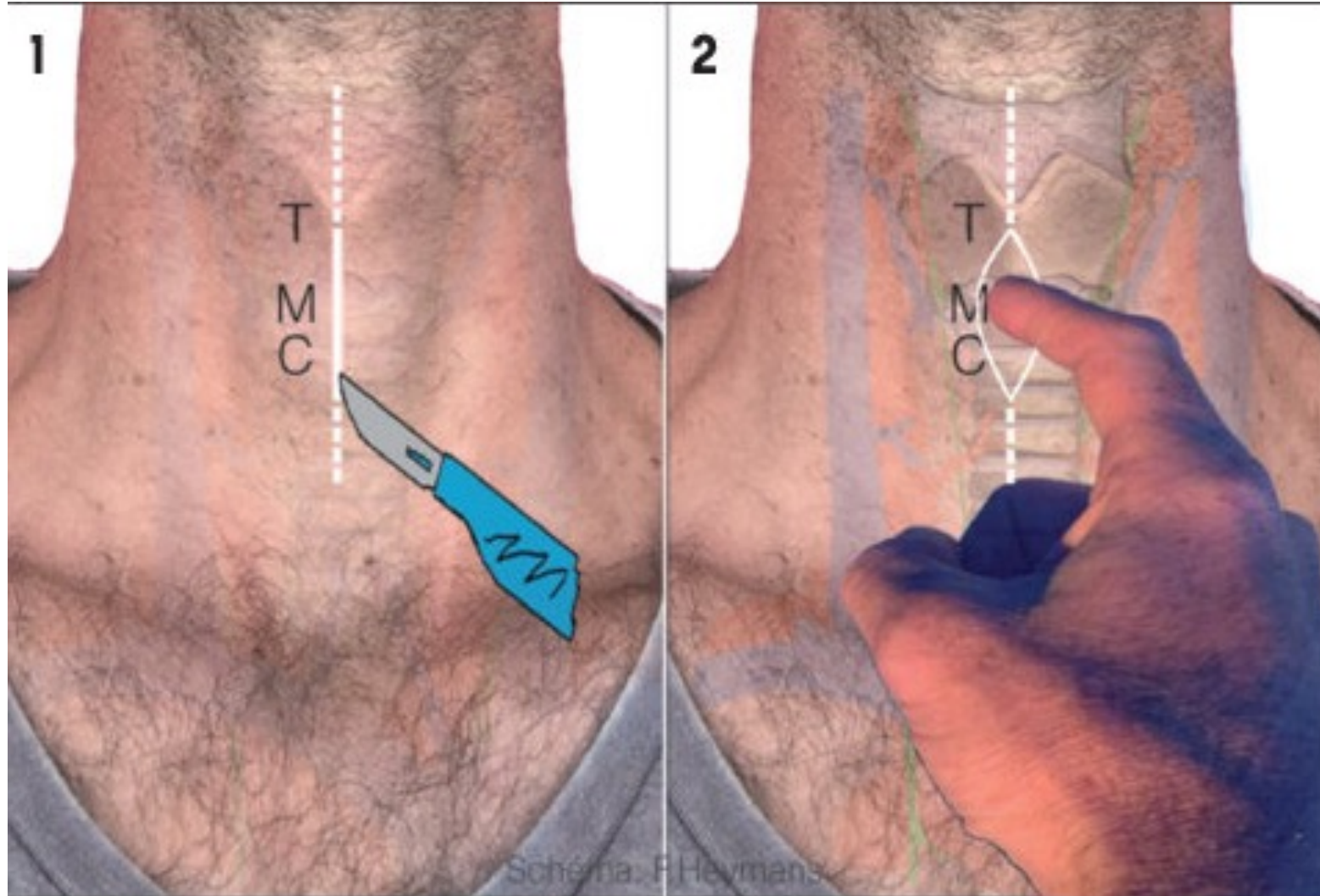


MESSAGE 7 : IMPALPABLE CTM

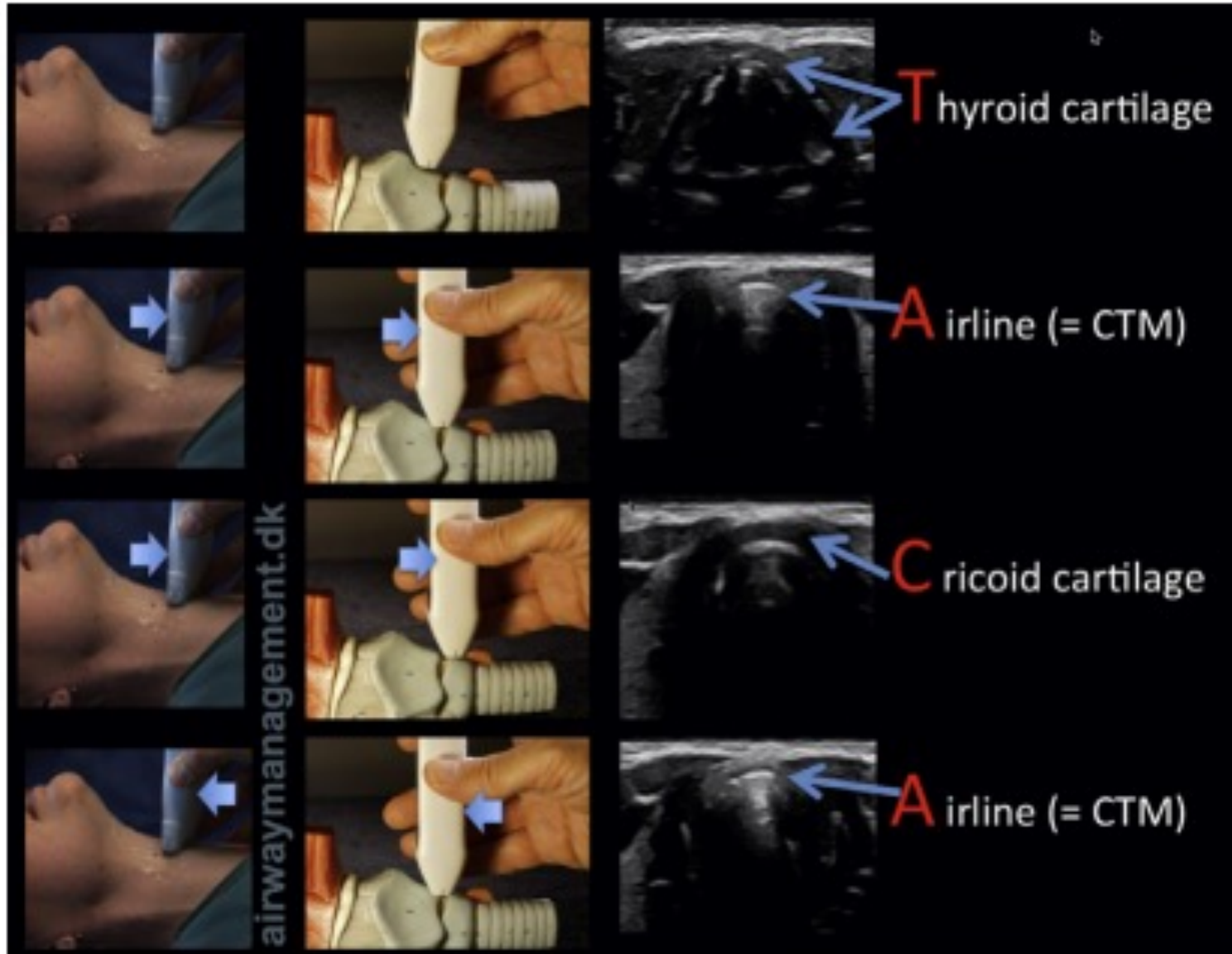




MESSAGE 7 : IMPALPABLE CTM = VERTICAL INCISION



MESSAGE 7 : IMPALPABLE CTM = FORGET ULTRASOUND





MESSAGE 8 : RARE TACTICAL INDICATIONS

SURGICAL AIRWAY MANAGEMENT



Medical indications



Tactical indications

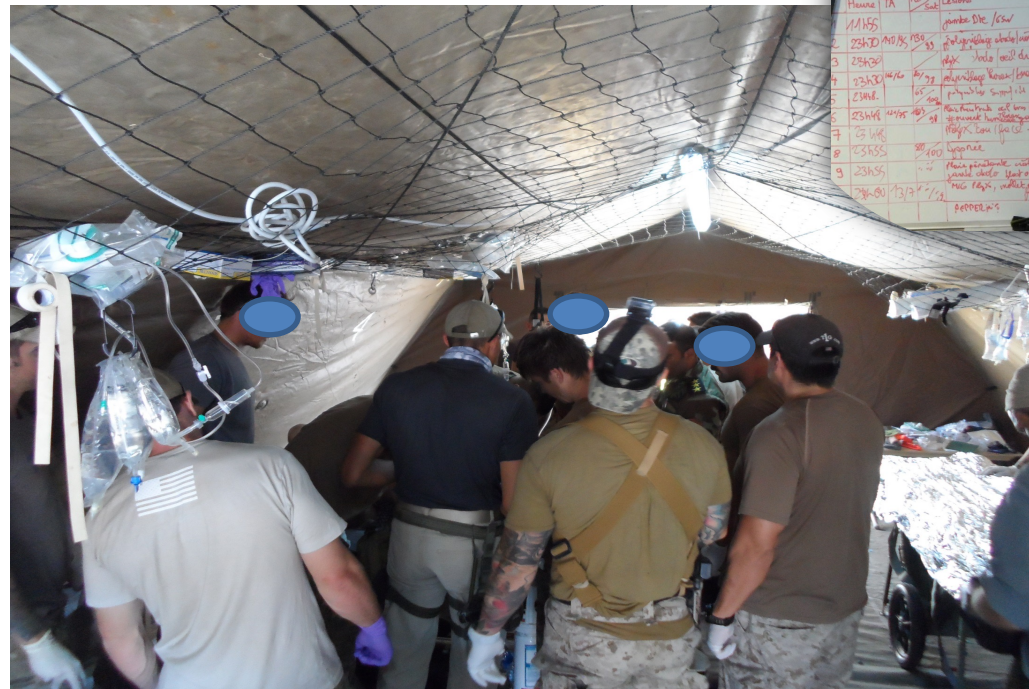


MESSAGE 8 : RARE TACTICAL INDICATIONS

Operational Consideration for Definitive Airway Management in the Austere Setting

A Case Report

Jean-Baptiste Morvan, MD^{1*}; Jean Cotte, MD²; Marc Danguy des Deserts, MD³;
Tamara Worlton, MD⁴; William Menini⁵; Olivier Cathelinaud, MD⁶; Pierre Pasquier, MD⁷



Heure	TA	Me	Examen	Teste	Notes	Blanc
11h55			gros Dte / cas			OUJ
12h00	10/15	15	gros Dte / cas			
12h05	10/15	15	gros Dte / cas			
12h10	10/15	15	gros Dte / cas			
12h15	10/15	15	gros Dte / cas			
12h20	10/15	15	gros Dte / cas			
12h25	10/15	15	gros Dte / cas			
12h30	10/15	15	gros Dte / cas			
12h35	10/15	15	gros Dte / cas			
12h40	10/15	15	gros Dte / cas			
12h45	10/15	15	gros Dte / cas			
12h50	10/15	15	gros Dte / cas			
12h55	10/15	15	gros Dte / cas			
13h00	10/15	15	gros Dte / cas			





MESSAGE 8 : RARE TACTICAL INDICATIONS



GCS 13
HR 140 / min
Systolic 120 mm Hg
Class 3 shock
91 % Sp O²



MESSAGE 8 : RARE TACTICAL INDICATIONS

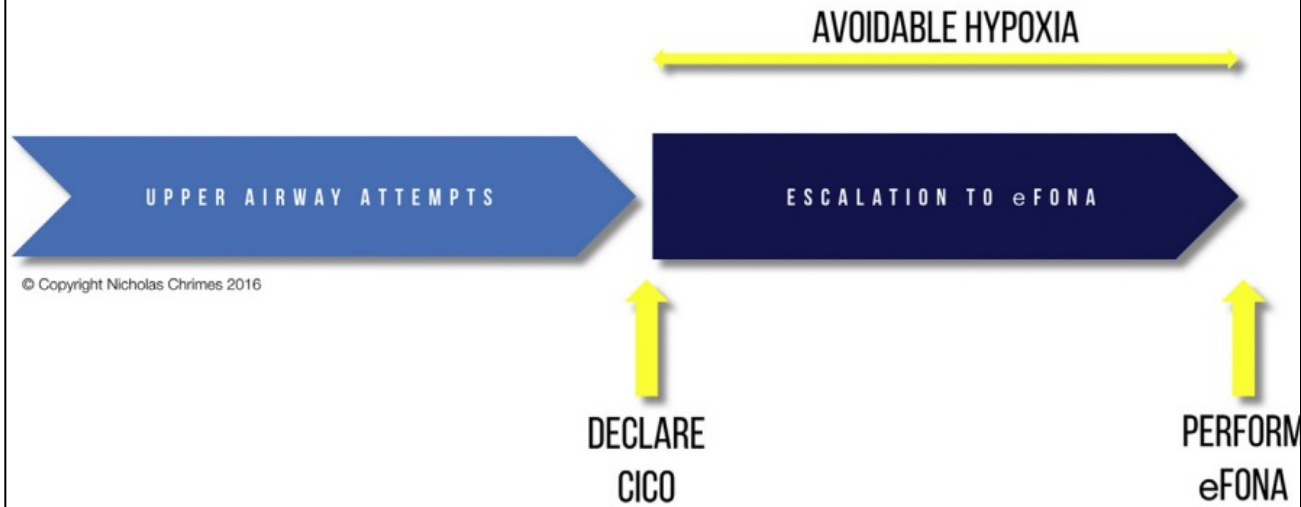


IV injection
Midazolam 2 mg
Ketamine 80 mg
No local anesthesia



MESSAGE 9 : PREPARE EFONA

TRADITIONAL SEQUENTIAL APPROACH



TRANSITION



BJA

British Journal of Anaesthesia, xxx (xxx): xxx (xxxx)

doi: [10.1016/j.bja.2020.04.052](https://doi.org/10.1016/j.bja.2020.04.052)

Advance Access Publication Date: xxx

Special Article

SPECIAL ARTICLE

Lost in transition: the challenges of getting airway clinicians to move from the upper airway to the neck during an airway crisis

Nicholas Chrimes^{1,*}, Andy Higgs² and Adam Rehak³

¹Anaesthesia, Monash Medical Centre, Melbourne, Australia, ²Anaesthesia and Intensive Care Medicine, Warrington Teaching Hospitals NHS Foundation Trust, Warrington, Cheshire, UK and ³Anaesthesia, Royal North Shore Hospital, Sydney, Australia



MESSAGE 10 : DON'T FORGET ABOUT HUMAN FACTORS

A**Airway algorithms****R****Resilience****A****cognitive Aids (ex : the 'Vortex' model)****C****Checklists****H****Handover tools****N****Non-technical skills****I****Incident investigation****D****Design of equipment**

> [Anaesthesia](#). 2018 Feb;73(2):257-258. doi: 10.1111/anae.14193.

The 'airway spider': an education tool to assist teaching human factors and ergonomics in airway management

F E Kelly ¹, R Bhagrath ², A F McNarry ³

Affiliations + expand

PMID: 29333709 DOI: [10.1111/anae.14193](#)





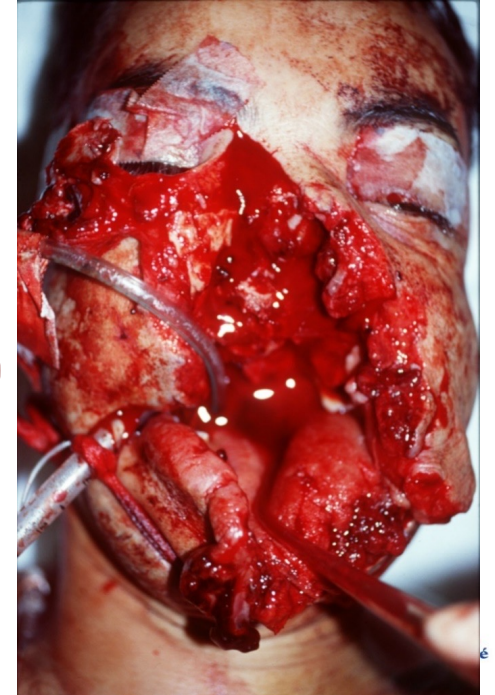
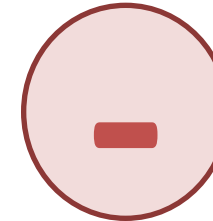
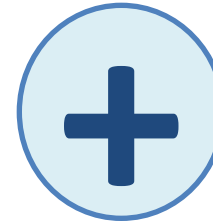
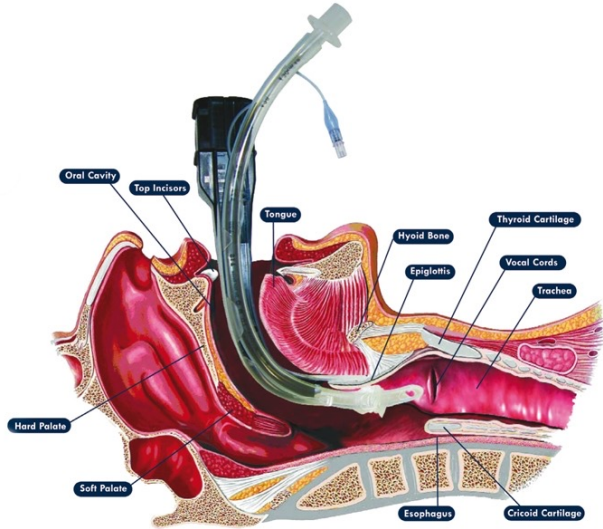
PERSPECTIVES

?

PERSPECTIVE : A PARADIGM SHIFT

IN AIRWAY MANAGEMENT ???

VIDEOLARYNGOSCOPY



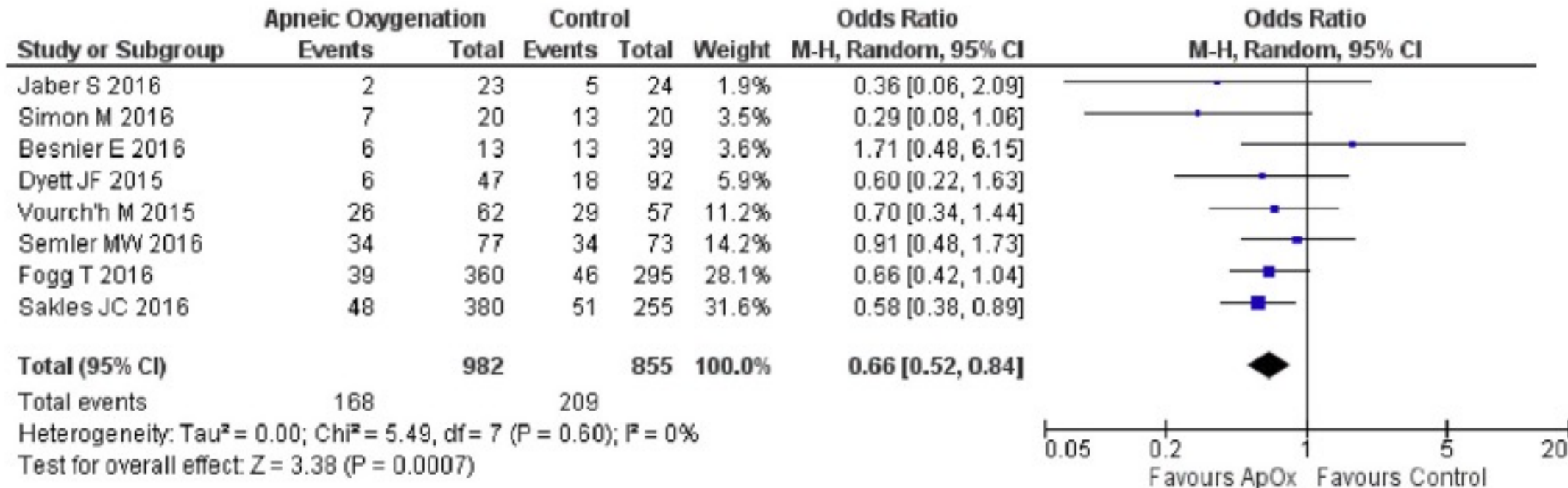


PERSPECTIVE : A PARADIGM SHIFT IN AIRWAY MANAGEMENT ???

SAFE APNOEIC OXYGENATION

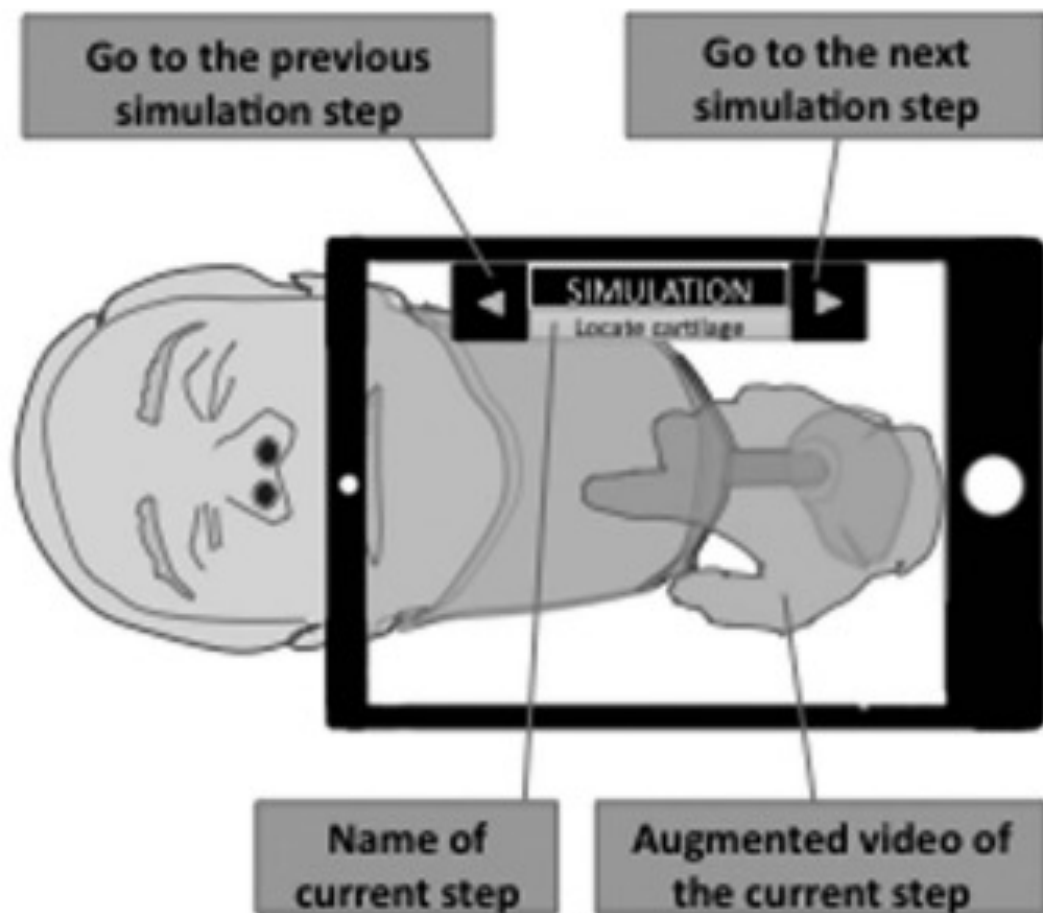
Oliveira, Ann Emerg Med
2017

Effectiveness of Apneic Oxygenation During
Intubation: A Systematic Review and Meta-Analysis





PERSPECTIVE : A PARADIGM SHIFT IN TRAINING ???



MY « SURGICAL AIRWAY BOX »





TAKE HOME MESSAGE

You will intubate successfully !!!

1. Kit minitrach 2 is a bad kit. Forget it !
2. Use « natural » FONA
3. No emergent tracheostomy
4. Only open surgical cricothyroidotomy techniques
5. Secure your fixation
6. Quick conversion by surgical tracheostomy
7. Impalpable CTM = vertical incision
8. Rare SOF tactical indications with awake procedure
9. Prepare eFONA
10. Don't forget about human factors

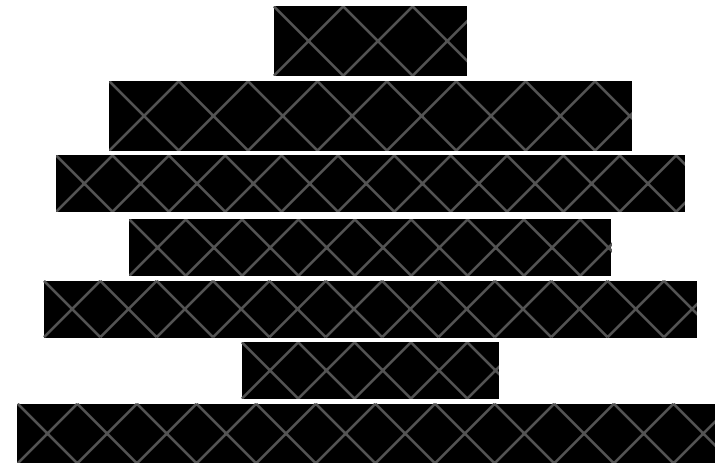




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**PARCE
QUE
TOULON**

