
The Laerdal infant face mask is useful aid to ventilate a tracheotomized patient

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To the editor: In a tracheotomized adult patient, in order to avoid the discomfort, pain, coughing, and adverse hemodynamic changes associated with the insertion of an endotracheal tube through a stoma, we used the Laerdal (Laerdal Medical AS, Stavanger, Norway) infant face mask and succeeded in the delivery of assisted and controlled ventilation with positive airway pressure during the induction of anesthesia. This face mask can provide appropriate airway control in tracheotomized patients, especially when we encounter the unexpectedly difficult insertion of a tracheal cannula or endotracheal tube. The Rendell-Baker-Soucek (RBS) pediatric face mask was previously reported [1,2]; it has a hard pad around the face mask. The Laerdal infant face mask has a small, circular, soft silicon pad (the inside and outside diameters are 28 mm and 48 mm, respectively), and it provides easier handling and better leak-proof ventilation than a laryngeal mask [3] or the RBS pediatric mask (Fig. 1). The Laerdal infant face mask may have clinical benefits for anesthesiologists. Other types of masks which have a small soft pad, such as an air cushion, may be useful for airway management as well.

In some cases, when it is not possible to maintain adequate ventilation because of a mismatch between the mask and the size and configuration of a patient's neck, or when there is excessive gas leakage through a gap between the face mask and the skin, another aid, such as the RBS pediatric face mask or a laryngeal mask, should be considered.

References

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Fig. 1. The Laerdal (Laerdal Medical AS) infant silicon face mask placed over a tracheotomy stoma. It allows for a small dead space and fits well over a stoma

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3. Morita Y, Takenoshita M (1998) Laryngeal mask airway fitted over a tracheotomy orifice: a means to ventilate a tracheotomized patient during induction of anesthesia. *Anesthesiology* 89: 1295

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