Role of the Intubating Laryngeal-Mask Airway in the ED

Airway management is a crucial skill for emergency physicians (EPs) and a defining element of the specialty of emergency medicine. With the addition to our practice of rapid sequence intubation, EPs successfully perform laryngoscopy and orotracheal intubation in 99 percent of cases. However, the remaining 1 percent of patients who may need alternative airway management poses a quandary for EPs. The authors of 2 recent papers addressed the use of the intubating laryngeal-mask airway (ILMA) in the ED.

The first group of authors describes 9 routine and 7 rescue (after failed rapid-sequence intubation) cases in which the ILMA device was used. All patients were successfully ventilated with the device. Eight of the 9 routine cases were then successfully intubated within 60 seconds; the remaining case was intubated through the ILMA using a fiberoptic bronchoscope. Five rescue cases were successfully intubated through the ILMA. In 1 rescue case, intubation was not attempted; in the remaining case, fiberoptic intubation through the ILMA failed, and the patient was eventually intubated using a standard retrograde wire-guided technique. The second report provides detailed instructions for using the ILMA and suggestions gleaned from experience with the device.

Comment: Most EPs will encounter at least one failed airway in their careers, and for these cases, a back-up plan is necessary. The ILMA is unique among airway management devices in that it facilitates both ventilation and subsequent intubation. However, reports of its use in the ED have been very limited. Formal study of ILMA use in the ED would be beneficial. However, given the device's unique double benefit, EPs may want to familiarize themselves with ILMA for use in patients with difficult or failed airways.

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