Comment on published article: Assessment of awake i-gel™ insertion for fiberoptic-guided intubation in patients with predicted difficult airway: A prospective, observational study

Madam,

We read with interest the article by Ludeña et al. on “Assessment of awake i-gel™ insertion for fiberoptic-guided intubation in patients with predicted difficult airway: A prospective, observational study.” We appreciate the authors’ efforts in doing the above study. However, we have several concerns and queries regarding the methodology of this study.

We agree with authors that in patients with anticipated difficult airway, awake intubation is the first choice; the awake intubation in such cases is mostly done with airway preparation with local anesthetic instillation and giving recurrent laryngeal nerve block and transtracheal local anesthetics. In this study, patients were given fentanyl, midazolam, and propofol to ease the insertion of i-gel™. Combination of fentanyl, midazolam, and propofol even in such medium doses can easily make patients apneic and also, in many cases, may trigger a laryngospasm with airway instrumentation (i-gel™) in inadequate depth of anesthesia.

Author cited two references and quoted that i-gel™ was used previously in spontaneously breathing patients who are either awake or under light sedation. In fact, in first study, general anesthesia was induced in every patient before placing supraglottic airway device (SAD) (i-gel™ in one group and ProSeal™ laryngeal mask airway in second group) and other reference included management of three cases with i-gel™ for resuscitation and emergency situation for airway
Letters to Editor

obstruction by some form of sedation or alcohol intoxication. Also, use of SAD is not advisable or difficult to pass or may be contraindicated in patients with reduced mouth opening.[5]

Use of video laryngoscopes in patients with predicted difficult airway but adequate mouth opening results in higher frequency of successful intubations, and a higher frequency of first attempt intubations (Level A1-B evidence).[5]

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Sohan Lal Solanki, Jeson R. Doctor
Department of Anesthesiology, Critical Care and Pain, Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, Maharashtra, India

Address for correspondence: Dr. Sohan Lal Solanki, Department of Anaesthesiology, Critical Care and Pain, Tata Memorial Centre, Dr E Borges Road, Parel, Mumbai - 400 012, Maharashtra, India.
E-mail: me_sohans@yahoo.co.in

References

1. Ludeña JA, Bellas JJ, Rementeria RA, Muñoz Alameda LE. Assessment of awake i-gel™ insertion for fiberoptic-guided intubation in patients with predicted difficult airway: A prospective, observational study. J Anaesthesiol Clin Pharmacol 2018;34:490-5.
2. Law JA, Broemling N, Cooper RM, Drolet P, Duggan LV, Griesdale DE, et al. Canadian Airway Focus Group. The difficult airway with recommendations for management–part 2–the anticipated difficult airway. Can J Anaesth 2013;60:1119-38.
3. Jadhav PA, Dalvi NR, Tendolkar BA. I-gel versus laryngeal mask airway-proseal: Comparison of two supraglottic airway devices in short surgical procedures. J Anaesthesiol Clin Pharmacol 2015;31:221-5.
4. Tiesmeier J, Emmerich M. Prehospital transient airway management using the I-gel with sustained spontaneous breathing in different emergency situations. Minerva Anestesiol 2013;79:212-3.
5. Apfelbaum JL, Hagberg CA, Caplan RA, Blitt CD, Connis RT, Nickinovich DG, et al. American Society of Anesthesiologists Task Force on Management of the Difficult Airway. Practice guidelines for management of the difficult airway: An updated report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway. Anesthesiology 2013;118:251-70.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code: Website: www.joacp.org
DOI: 10.4103/joacp.JOACP_12_19

How to cite this article: Solanki SL, Doctor JR. Comment on published article: Assessment of awake i-gel™ insertion for fiberoptic-guided intubation in patients with predicted difficult airway: A prospective, observational study. J Anaesthesiol Clin Pharmacol 2019;35:138-9.
© 2019 Journal of Anaesthesiology Clinical Pharmacology | Published by Wolters Kluwer - Medknow