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## Evaluation of High Flow Nasal Cannula (HFNC) Oxygen Therapy, As a Sole Ventilation Technique In Patient Undergoing Elective Upper Air Way Surgery

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## Abstract

HFNC is a recently described technique proven to provide an adequate oxygenation & ventilation in patient undergoing various upper air way surgeries without the need of the endotracheal intubation or jet ventilation. The objective of this research is to evaluate the adequacy of HFNC technique as a sole method of providing adequate Oxygenation & ventilation for patients undergoing upper air way endoscopy (Micro laryngoscope, esophagoscope, Panendoscope) which are minor procedures need short duration of GA. Because the anesthetist & the surgeon sharing the same space there is high risk of interruption of ventilation, oxygenation, loss of airway in addition to inherent complication of the surgery. HFNC has the advantage of less interference during the procedure and gives large space for surgical manipulation and lastly decreases the intubation complication. This clinical trial will give additional impact of this treatment on ventilation (CO2 elimination) and oxygenation of the patient during prolongs apnea. The methodology involved a prospective, randomized interventional study using of computer program for randomization. The sample size for this study is 60 (30 in each group). Study is going on right now at (ACC) Ambulatory Care Center at Doha, Qatar and it will be completed within a year. The following criteria were taken into consideration: Inclusion criteria: adult population - both male and female - ASA 1 and 2 (American Society of Anesthesiologist) - for upper airway procedures. Exclusion criteria: age <18 years - BMI >35; for pregnant patient - procedure anticipation >45 min - total airway obstruction; for patient with sever nasal obstruction- parameters: age, gender, height, weight, BMI, HR, Bp, SPO2, TcPO2, ETCO2, TcPCO2 and BIS. Trans nasal Tracheoscope (TNT): a new Technique in Laryngeal Anesthesia in office base procedures. Laryngeal Office based procedures are well known to most of the Laryngologist for the past 10 years. Many of these procedures used to be performed only in the operating room and required general anesthesia. However, general anesthesia carries a higher risk of complications and requires more recovery time than office-based procedures. Doing the procedure at office is cost effective in compare to the procedures under general anesthesia with use of hospital resources in a wise way. Complications such as bleeding are very rare and patients can return to work after the procedure eats or drink one hour after the procedure. My Innovation is to use channeled endo-sheath which is designed for the FEESST (Flexible Endoscopic Evaluation of Swallowing with Sensory Testing) test to be used for anesthesia for the larynx. By this way we replace old method of Abraham cannula through the oral cavity or trans tracheal injection, with more precise & under direct vision technique, where the lidocaine fall directly on the laryngeal inlet, which will give better anesthesia the fundamental part in all the Laryngeal Office based procedures.

## **Biography:**

Muayed M. Radi Alkhafaji received his Medical Degree from University of Al- Mustansiriyah Medical School, (1986) and Board Certificate in ORL-HNS from Baghdad University, Iraq (1996) respectively. He is an ENT-Otolaryngologist in Doha, Qatar and is affiliated with multiple hospitals in the area, including Hamad General Hospital, Ambulatory Care Center, Alkhor Hospital and Weill Cornell Medical School-Qatar.