

Retrograde tracheal intubation in Mongolia

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Abstract

Anesthesia process: The patient's back and place the O2 mask using the 20 G intravenous IV Fentanyl 100 microgram. We reported successful and unsuccessful anesthesia retrograde tracheal intubations in NCC.

Case 1. 03 June 2015. A 30 year-old male patient was posted for elective surgery head and neck department. The surgery required to recurrent tumor (d= 6cm) of Rt. Sub mandible gland T2N1M0 do MND tumor remove. On examination of the airway, all parameters such as mouth not opening (he had big accident and neck surgery in 2002, 2007, 2012). Chin-thyroid distance: less than 2 cm. Dentures, removable teeth.

Case 2. 19 Sep 2015. A 66 year-old male patient posted for emergency case head and neck surgery department. The patient had two surgeries NCC. First elective surgery was 17 Sep 2015 (required to big tumor resection and reconstruction by ALTF in cancer mandibles) with normal intubation. Second emergency surgery was 19 Sep 2015 (free plate to restore the blood supply and airway oxygen supply to increase) with retrograde intubation. He was breathing periodically interrupted.

Case 3. 11 Apr 2016. A 46 year-old male patient posted for elective surgery head and neck department. He was very difficult slowly breathing. The patient had tongue (root) cancer surgeries NCC. Elective surgery required to big tumor resection with tracheostomy. We can't put retrograde intubation. Because his trachea d=0.2-0.3mm. After resection we know, it is intubation tube was too big.

Case 4. 13 Jan 2013. A 57 year-old male patient posted for elective surgery head and neck department. The patient had surgery big tumor resection and Fibromyalgia.

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