

A1170

October 20, 2008
2:00 PM - 4:00 PM
Room Hall E2-Area J,

Please Do Not Leave Your Bags Unattended!

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Introduction: Bag-Mask Ventilation (BMV) is a commonly used and essential technique in both routine and difficult airway management. It can provide a bridge for a novice to maintain the "A" (airway) and the "B" (breathing) of the ABCs of advanced cardiac life support (ACLS) until a provider trained in advanced airway techniques becomes available¹. Additionally, even in the relatively controlled setting of the operating room BMV is essential both for preoxygenation prior to intubation and to support a patient who has been rendered apneic but cannot be intubated. Experience with extended periods of BMV has decreased as the quality and selection of airway management devices has grown. Nevertheless, the importance of adequately training medical students and anesthesia residents in this technique remains. Like several academic centers, we have recently had our electroconvulsant therapy (ECT) program move off-site to another affiliated hospital for financial reasons. Residents and students from our medical school do not rotate to this affiliated hospital. This retrospective analysis was undertaken to examine the impact that this move will have on the experience of our residents and students using BMV.

Methods: The anesthetic records of all patients receiving general anesthesia between September 1, 2002 and September 30, 2007 were reviewed. Patients who did not have an airway device (other than an oral airway) placed were identified as recipients of BMV general anesthetics. The number of BMV cases per year were determined as were the kind of procedures requiring BMV.

Results: During the five year period 7241 BMV general anesthetics were performed. The number of BMV general anesthetics was stable during the study with 1469 in year one, 1241 in year two, 1518 in year three, 1403 in year four, and 1610 in year five. ECT was the most common procedure requiring BMV accounting for 37.6% of the total. The next most common procedure was myringotomy and tubes which accounted for 11.1% of the cases. GI endoscopies made up 7.8% of the BMVs, and no other procedure accounted for more than 3% of the total. Many of the other cases were anesthesiologist provided sedation cases that had progressed to BMV general anesthetics.

Discussion: The loss of the BMV general anesthetic training associated with ECTs will have a significant effect on the experience that our students and residents have with prolonged BMV. This is a particularly concerning issue for our medical student training since this may be their only exposure to this technique, and as they continue in their training they may be the ones required to provide BMV to patients in respiratory distress on the floors until a person trained in advanced airway techniques arrives.

Reference: ACLS Provider Manual, 2001.

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