



LARYNGECTOMY PATIENTS

The following important steps must be adhered to for this cohort of patients who experience respiratory/cardiac arrest.

1. VENTILATION MUST BE PROVIDED VIA THE STOMA SITE AND NOT VIA THE MOUTH.

The equipment required to deliver ventilation is:

- a) A neonatal facemask
- b) Regular bag valve mask (BVM) with oxygen attached

The neonatal facemask is placed over the stoma site creating a seal on the neck. This is a two person technique as taught in Basic Life Support class.

CPR continues @30:2 as there is no advanced airway yet in place.

2. If the patient needs prolonged ventilation then the anaesthetist must insert a cuffed tracheal tube (non-fenestrated). When the cuff is inflated this creates the seal. In an emergency situation, use size 6 for a female and size 8 for a male.

Once the tracheal tube has been inserted, there is now an advanced airway. CPR changes to continuous compressions and a breath every six seconds.

NB It is important to note that during pulmonary resuscitation some of the air can pass through the prosthesis into the oesophagus and stomach. It may be necessary to insert a naso-gastric tube to release accumulated air.