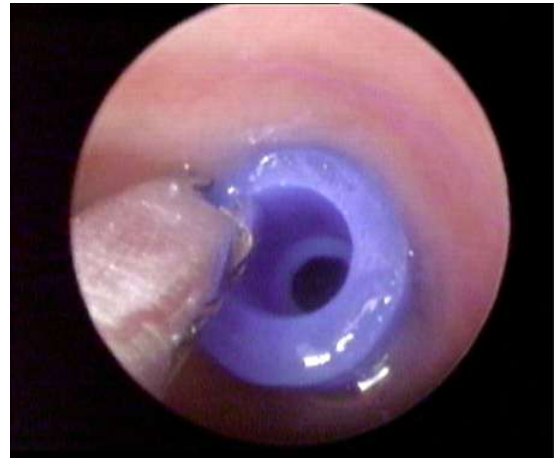
Tracheobronchial Foreign Bodies



Tracheobronchial Foreign Bodies

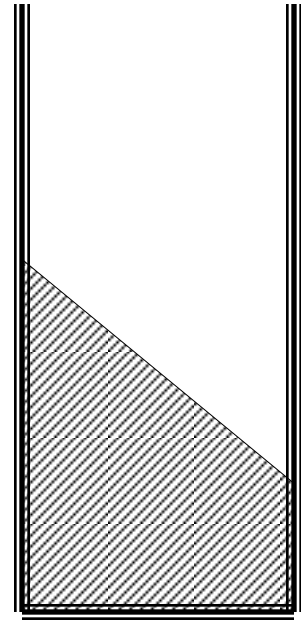
- Epidemiology
- History
- Examination
- Investigations
- Unusual presentations
- Acute management
- Endoscopic removal

Foreign Bodies - Epidemiology

- Choking vs inhalation
- Incidence
  - 400 choking deaths per year in EC
  - 50,000 non -fatal choking incidents
- Geographical: more common in southern countries
- Commonest cause of *accidental* death <6yrs

Foreign Bodies - Epidemiology

- Types of FB
  - Foods
  - Toys
  - Everyday objects
- Regulations
  - Cylinder
- Anatomical Considerations

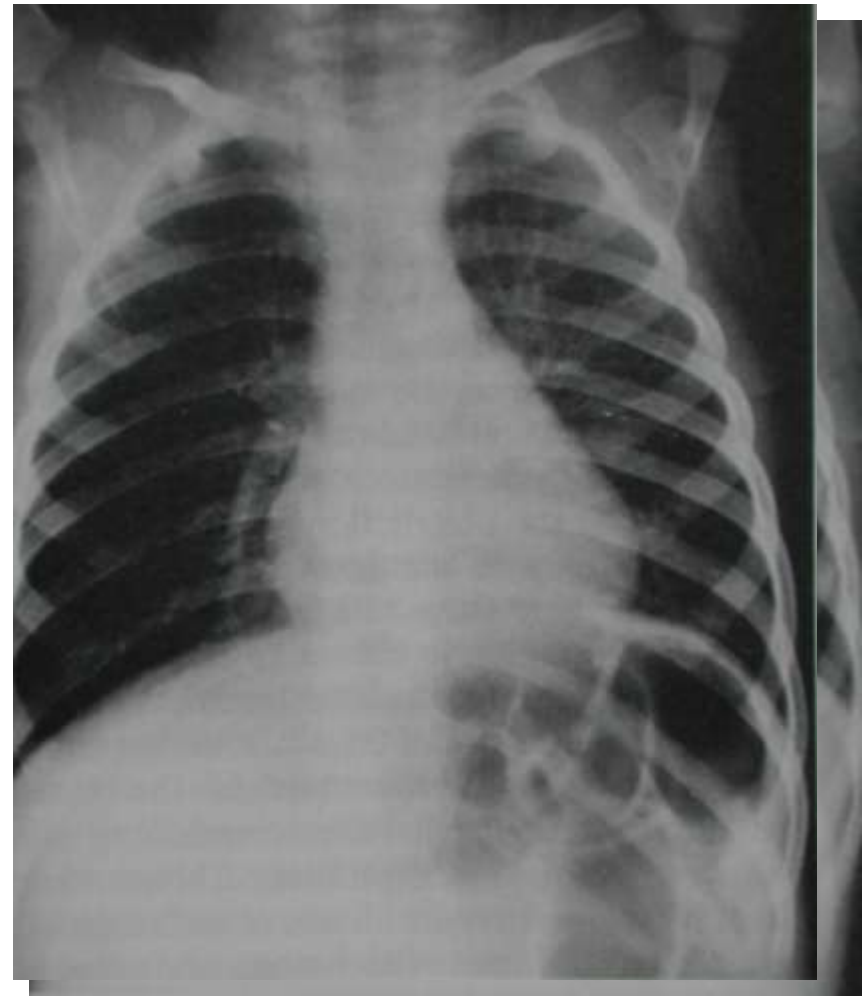


Foreign body inhalation

- History
  - Awareness
  - Stridor
  - Cyanosis
  - Cough
  - Change in voice
  - Pneumonia
- Examination
  - Stridor
  - Recession
  - Cyanosis

Investigations

- Plain X-ray
  - Decubitus views
- inspy/expy views
- Videofluoroscopy
- O2 monitor (Acute)



Unusual presentations

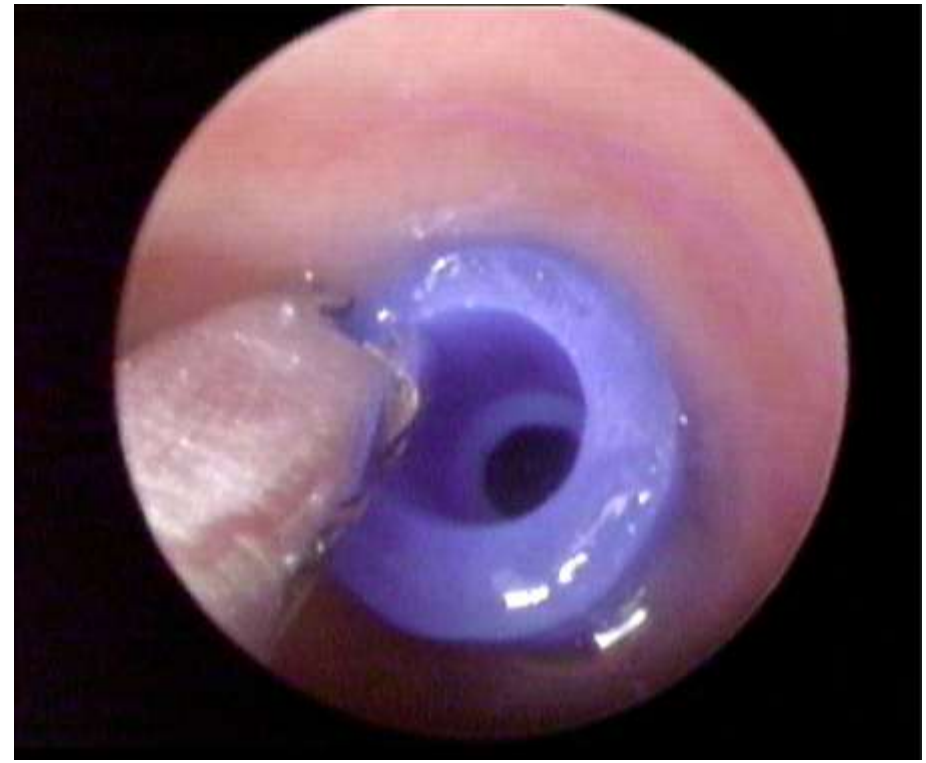
- Pneumothorax
- Subcutaneous emphysema
- Mediastinal empysema
- Haemopotysis

Acute management

- Heimlich/back slaps
- finger sweep
- cricothyroidotomy

Endoscopic removal

- Urgency?
- Anesthesia
- Equipment



Anaesthetic Technique

- I.M. Atropine
- I.V. induction (usually)
- Suxamethonium
- Lignocaine spray
- ? Intubate
- ((jet ventilation))
- Halothane O2 maintenance
- Monitoring

Equipment - Bronchoscopy

- Storz ventilating bronchoscopes
- Hopkins rod telescopes
- 7200A telescope
- FB forceps
- Suckers

Surgical Technique - Tracheobronchoscopy

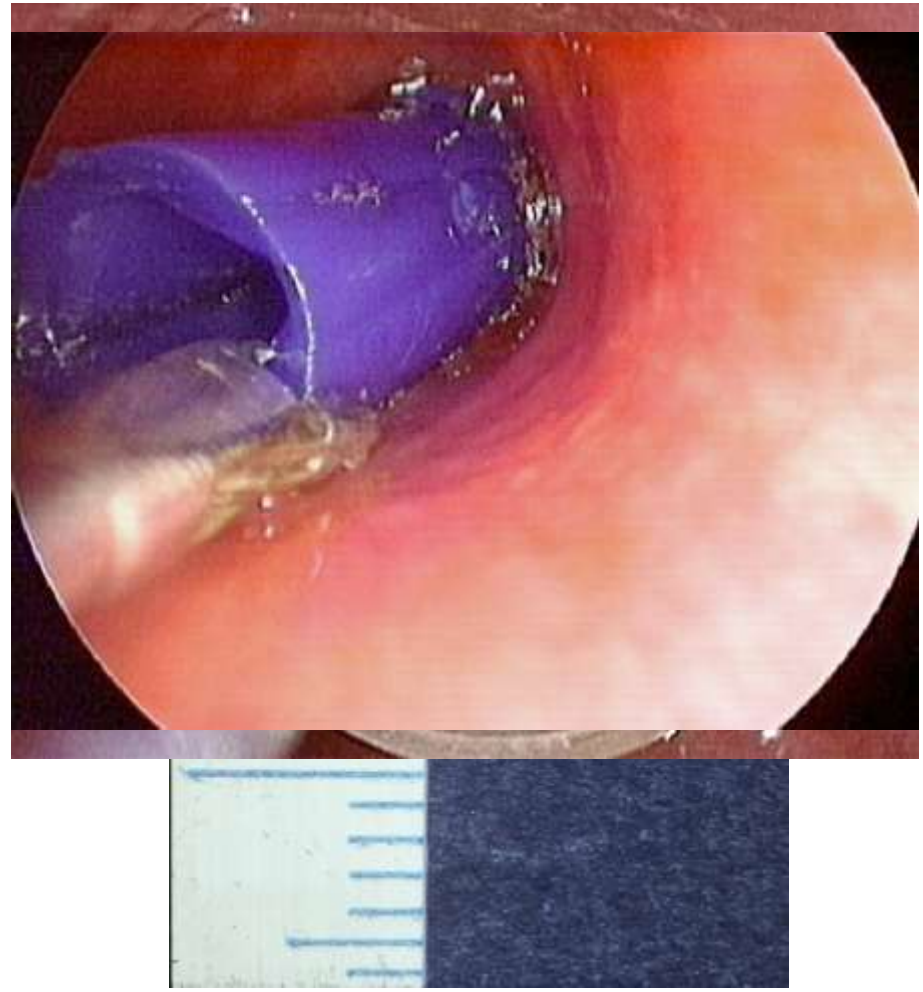
- Appropriate size bronchoscope
- 3.5mm just accepts sucker
- finger or laryngoscope to guide scope to prevent soiling of lens

- Adrenaline 1:100,000

or

- Lignocaine 0.5% and Adrenaline 1:200,000

Endoscopic removal



Summary

Co-operation with anaesthesia

Equipment

Experience