



The use of the Baska FESS Mask during lacrimal surgery to automatically remove accumulated pharyngeal blood

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Nasal surgery is associated with bleeding, and the supine position of the patient results in gravity dependent drainage into the pharynx. Blood accumulation in the pharynx is a risk factor for aspiration and ingestion, both with undesirable consequences. We report the use of a new innovative laryngeal mask which incorporates continuous aspiration powered by wall suction to ensure any accumulation of fluid in the pharynx is automatically and immediately removed during surgery, preventing clotting and adhesions, to maintain a clear pharynx.

Method: Dual case presentation report of unilateral and bilateral dacryocystorhinostomy and septoplasty

Technique: Prior to undertaking dacryocystorhinostomy and septoplasty, a Baska FESS Mask was chosen to secure the airway. This is a low profile laryngeal mask with side aspiration that sits almost flush with the opening of the mouth, to allow access. The mask was inserted after induction and anaesthesia maintained with spontaneous ventilation using 50% oxygen at 0.5 litre and desflurane with an inspired concentration of 4.5 to 5.5%. Suction was connected to the suction port and left running continuously during the surgery and during extubation of the mask. At the end of the procedure the patient was ventilated with 100% Oxygen to wash out the desflurane and enhance rapid recovery

Outcome measures: Effectiveness of the mask was assessed by the ability to clear the oropharynx of blood determined at the end of the case by manual clearance with a Yankeur sucker. Surgical ease was assessed by documenting limitation of access to the nose.

Results: Access to the nose was unrestricted during surgery at all times, allow the use of high speed drills, suction and powered equipment to both sides of the nose and suction. The suction port on the mask provided continuous suction during surgery, with blood and secretions removed from the oropharynx. At the end of surgery, there was no blood retrieved from the oropharynx by manual Yankeur suction. Patients did not vomit blood after surgery.

Conclusion: The Baska FESS Laryngeal mask provides excellent protection to the oropharynx from accumulation of secretions and blood during surgery to the upper airways. Removal of these secretions eliminates the risk of inadvertent inhalation or gastric accumulation with associated morbidity

1. FESS stands for Functional Endoscopic Sinus Surgery and the device is named that way just to identify its dedicated use in FESS surgery and related surgical procedures such as Rhinoplasty and Septoplasty.

2. The FESS Mask is designed to be shorter than the standard Baska Mask and is fitted with a curved connector at 120 degree angle so that when in use the device does not interfere with the surgical field and allows the surgeon to operate without interfering with his operating field.

3. The major advantages of using the Baska FESS Mask in the above said procedures than using other devices such as any other Supraglottic Airway Devices

- Effective IPPV without stomach inflation.
- No need to insert a gastric tube when using Baska FESS Mask as it does not inflate the stomach during IPPV.
- Suction tube from the wall suction can be directly attached to the device which will enable the blood and secretions to be removed during its use avoiding lung aspiration and also avoiding such materials from entering the stomach.

Continued attachment of suction during the removal of the device enables smooth removal of the device and total suction clearance of blood and all other unwanted materials from the pharynx making the patient very comfortable without coughing and starting the cycle of coughing, straining, bleeding and subsequent aspiration of fresh blood which makes the cycle to repeat post operatively in recovery. In other words Baska FESS Mask effectively avoid such complications and makes recovery comfortable.

Use of an Endotracheal Tube in such procedures may not be ideal because:

- Needs tracheal intubation.
- Does not clear the blood and secretions during the procedure and allows the blood to enter the stomach.
- Will irritate the trachea causing coughing during removal.
- When the cuff of the ETT is let down at the time of its removal, blood collected between the cuff and the vocal cords will go down the trachea (aspiration) causing coughing.

The above points c & d together start the cycle of aspiration and coughing as described above making fresh blood to pour out undesirably.

Caution

Please ensure that the insertion procedures are followed properly and the device is secured well. Please also ensure that the anaesthetic circuit does not pull on the device during the procedure while patient is covered under the drapes. These precaution will avoid the device from dislodging.