

Airway management in the emergency setting- Tracheobronchial injuries & Tracheotomy: emergency and elective procedures

Airway management in the emergency setting is associated with major challenges and inadequate performance at any step during airway management leads to irreparable injuries and complications. Different specialties are involved at any step of management in the emergency emphasizing that the main goal is to ensure airway openness to provide ventilation's in the patient's lung. In the pre-hospital conditions, anesthesiologist ensures the necessary steps of airway management while more specialist figures are involved upon patient's arrival at the emergency room.

Tracheobronchial injuries are rare but potentially life-threatening injuries. They rather comprise injuries that occur between the cricoid cartilage and right and left main-stem tracheal bifurcation. Lack of recognition or incorrect management of tracheobronchial trauma can lead to important sequela. The main condition of a successful treatment of tracheobronchial injuries is prompt recognition and appropriate surgical approach. Tracheobronchial injuries can also be iatrogenic after intubation or tracheotomy procedures.

Tracheostomy can be performed in emergency or in an elective manner. Indications include: relief of upper airway obstruction, improved pulmonary hygiene, tracheal access for long-term positive pressure ventilation, and decreased airway resistance to assist weaning from mechanical ventilator support.

Tracheotomy is still evolving with proponents of cricothyroidotomy encouraging changes in surgical technique, improvements in tube design, and changing management approaches to the intubated patient. It can also be performed percutaneously under fiberoptic guidance.

Bronchoscopy might be a useful tool in emergency. Fiberoptic bronchoscopy is useful in difficult intubation, clearance of the airway, assessment of tracheobronchial trauma, observation and/or removal of foreign bodies. Rigid bronchoscopy has also an important role in tracheobronchial bleeding, removal of foreign bodies, clearing of airways, positioning of tracheobronchial stents and for the use of intrabronchial laser.

For a substantial proportion of patients presenting to the emergency department, imaging plays an important role in the assessment of patients with airway injuries. An accurate radiologic assessment is important in emergency for the treatment of the airway to be rapid and targeted.

Aim of this Special Issue is to attract papers dealing with different specialties airway management in the emergency setting.

Potential topics include: Tracheobronchial injuries; Tracheotomy: emergency and elective procedures; Management of foreign bodies' inhalation; Tracheobronchial stents; Airway imaging in the emergency setting



Paola Ciriaco

Guest Editor:

Prof. Dr. Paola Ciriaco

Department of Thoracic Surgery,
Scientific Institute and University
Vita-Salute San Raffaele, Ospedale
San Raffaele, Via Olgettina 60,
Milan 20132, Italy.

Interest: Thoracic oncology,
Surgery of pulmonary emphysema,
Thoracic endoscopy, Pediatric
thoracic surgery, Lung
transplantation, Experimental lung
transplantation

E-mail:

ciriaco.paola@hsr.it

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Contact us: SVeditorial@signavitae.net

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14 Robinson Road #08-01A Far East Finance, Singapore 048545