

## PREDICTING DIFFICULT AIRWAY. 'WORTHWHILE EXERCISE OR POINTLESS RITUAL'?

*This abstract is reproduced from a manuscript[1] that is currently under consideration for publication in the European Journal of Anaesthesiology.*

Tracheal intubation is difficult in 1-4% of patients with seemingly normal airway.[2] Unexpected difficulty in tracheal intubation is, consequently, an intermittent and often terrifying problem for all practicing anaesthetists. Great efforts have been made in describing preoperative assessment tests to predict a difficult laryngeal view or a difficult intubation.[3-8] However, many of these have methodological problems or reveal low sensitivities and specificities. Yentis[9] has explained how achieving a high positive predictive value is very difficult partly because of the rarity of a difficult intubation. He suggested that using any of the available tests is a pointless exercise in terms of actual prediction, but that the usefulness arises from generally focusing attention on the airway.

Devising an appropriate plan of anaesthetic management is an essential part of the patient assessment before anaesthesia.[10] A report of the recently published 4<sup>th</sup> National Audit Project of the Royal College of Anaesthetists (NAP4) states that 'failure to assess the airway is a failure in professional duty'.[11] The Difficult Airway Society (DAS) guidelines[12] say that an appropriate clinical examination should include assessment of the airway. A survey of the UK and European anaesthetists involving just under 1400 responders (currently under consideration for publication by the European Journal of Anaesthesiology) found that clinicians do not always perform preoperative airway assessment tests. Thirty three percent of the Eu group and 44 % of UK group of anaesthetists failed to always assess the airway before general anaesthesia. Furthermore, 52 % of Eu group and 62

% of UK group of anaesthetists failed to always assess the airway before regional anaesthesia. It appears that airway assessment tests are not used often or consistently.

What possible strategies can be pursued in the future? Firstly, preoperative airway assessment tests should be performed in all patients. Secondly, we may have to accept that prediction currently is not very good and prepare more for the unexpected difficult airway. Finally, we should continue searching for better predictive tests, or combinations, to improve our estimates further and develop a strategy to integrate this information into clinical practice.

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