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EC ANAESTHESIA
Letter to Editor

Scarotomy before Intubation for the Patients with Post-Burn Contracture of the Neck

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Received: May 07, 2019; **Published:** May 30, 2019

The airway management in the patients with contracture of the neck caused by burn scar can be challenging because of limited neck movements and difficulty in opening of the patient' mouth due to the scars. Before induction of anesthesia, a physical examination should be accomplished so that the degree of airway difficulty can be estimated and the best method for airway management can be planed.

Recently some anesthesiologists reported trying intubating in cases with severe contracture of the face and neck presenting with difficult airway using Airtraq or video laryngoscopes [1], but such approach for management of the airway in these patients can be dangerous, because administration of muscle relaxant drugs in patients with extreme contracture may lead to severe complications. Multiple unsuccessful insertions of the endotracheal can lead to epiglottis edema or spasm and the ventilation can become impossible, and in some cases, surgical tracheostomy is potentially hazardous.

We suggest a surgical neck release of scars with midazolam and ketamine anesthesia to facilitate endotracheal intubation in such cases. Following release, intubation can be established. In our experiences no mishaps were occurred with this method.

This strategy (surgical release of scars) is also proposed by other authors. Wong., *et al*. [2] proposed this method after trying the intubation in awake condition with fiberoptic bronchoscopy, but this equipment cannot be found in all hospital, and skilled anesthetists must also be present, but initiating the airway management with surgical release of scars of the neck can be performed in all hospitals [3].

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Volume 5 Issue 6 June 2019