**A278 - Execution of percutaneous dilatational tracheostomy using the standard laryngeal mask airway for ventilation: a prospective survey study.**

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**Introduction:**

We fulfilled a survey study dealing with bronchoscope-guided percutaneous dilatational tracheostomies (PDT), using the classic laryngeal mask airway (LMA) for the airway management. The aim was to verify the safety and the effectiveness of the aforementioned procedure.

**Methods:**

We performed an observational prospective survey study enrolling 150 patients hospitalized in the Intensive Care Unit. Before performing the tracheostomy, the endotracheal tube has been replaced by the laryngeal mask airway. Arterial blood gases, ventilation pressures and tidal volumes have been monitored, registered and compared.

**Results:**

The median peak inspiratory pressure has been detected stable in all patients. Furthermore, during the ventilation with the laryngeal mask, the tidal inspiratory and expiratory volume difference observed between before and after the bronchoscope positioning, has shown a statistically significant variation. Finally, in all cases ETCO₂, SpO₂, PaO₂, and blood pH values persisted within the normal range.

**Conclusion:**

The standard LMA provides for a reliable airway management and allows an effective ventilation while performing the PDT. Once positioned in the supraglottic zone, the LMA does not need to be moved throughout all the PDT performance, avoiding risks of displacement, glottic harm and airway device damage, and permitting an easy handling of the bronchoscope, which gives an appropriated visualization of the trachea and a more efficient aspiration. In consequence to the large internal diameter of the LMA tube, Ppeak has continued to be stable in all patients, providing for minor resistance and inspiratory work. Eventually, no late complications, such as tracheal stenosis and infections, have occurred.

**References:**