



Comparison one handed traditional technique and glass holding technique of mask ventilation before induction in paediatric patients

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Abstract:

Successful and effective ventilation using a face mask is very basic, important and critical step in emergency resuscitation as well as in operating room for pre-oxygenation of patients before induction. Adequate ventilation along with maintaining good perfusion are two critical factors which determine the positive outcome in successful resuscitation. [1] In operating room mask ventilation is used for pre-oxygenation of patients. At adequate flow, 100% oxygen in breathing circuit is maintained using effective face mask seal to increase the oxygen reserve and achieve de-nitrogenation which give valuable additional time for laryngoscopy, tracheal intubation, and for airway rescue if laryngoscopy or intubation fail. For optimal pre-oxygenation recommended EtO₂ values are >92%. [2,3] In healthy adults, optimal pre-oxygenation can extend the duration of apnea without desaturation (i.e. interval between the onset of apnea and till peripheral capillary oxygen saturation falls up to a value of $\leq 90\%$) to up to 8 mins which is otherwise limited to 1-2 min without pre-oxygenation. [4] Thus face-mask ventilation can be a lifesaving backup plan to bridge attempts at intubation, prior to establishing a supraglottic airway or before progressing to surgical airway. Mask ventilation requires a good seal and a maintaining patent airway. Good technique and proper practice of this important skill increases the clinician's ability to provide effective ventilation. There are various techniques for face mask ventilation, which include the one-handed techniques and the two-handed techniques. One handed technique can be either classical C-E technique or glass holding technique. The classical C-E technique involves thumb and index finger to form a "C" on the mask surface to maintain an adequate seal and the little, ring and middle finger form



an "E" on the mandible for jaw lift while glass holding technique involves index finger and thumb to form a seal with the mask in a way similar to classical C-E clamp technique, but using the other three fingers and rest of the palmar surface of the hand to engulf the under-surface of the chin or the mandible, very much like holding a glass.

Biography:

Shashi Prakash is currently working at Banars Hindu University, India.

Recent Publications:

1. Single stage versus two stage repair for univentricular heart—our experience, 2011
2. Bioprosthetic valve replacement in Ebstein's anomaly, 2010
3. Single stage versus two stage repair for univentricular heart—our experience, 2011
4. A comparative study of surgical treatment of small aortic root with or without aortic root enlargement using a single prosthesis type, 2014

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