

Selling **Fibreoptic Guedel** the Challenger Way



A guide to pitching your products

Securing the airway is a fundamental skill for anaesthesiologists, intensive care physicians, and emergency physicians. Without a secure airway, delivering oxygen to the patient is impossible. However, the reality of 'difficult airway' situations, often due to abnormal anatomical conditions, presents formidable challenges. Whether planned or unplanned, these scenarios can lead to serious complications. Navigating these complexities requires not only skill but also equipment tailored to each patient's unique needs. Understanding these intricacies is essential for ensuring patient safety and achieving optimal outcomes.



Warmer

- How often do you encounter planned and unplanned difficult airways in your hospital?
- What products do you use to secure the difficult airway? Do you differentiate between the products for the planned and unplanned difficult airway?
- To what extent do you use the process of fiberoptic intubation to secure the difficult airway?



Reframe

- Currently, there is a critical blind spot in airway management education and practice, posing a significant risk to patient safety.
- Research, including the NAP4 report, highlights the prevalent lack of implementation of recommended procedures and tools for managing difficult airways, which is directly linked to an increased rate of major complications during airway interventions.
- For example, many doctors often choose standardised instruments like video laryngoscopes over established alternatives such as fiberoptic intubation (FOI), despite FOI being the preferred method for planned difficult airways in many countries.
- Studies suggest that relying solely on these standardised techniques may be inadequate for managing difficult airways, resulting in increased rates of failed intubations, longer procedure times, and greater patient discomfort.
- Reputable sources such as the RC Journal emphasise that not following recommended treatments for difficult airways is a major patient safety issue.
- While traditional techniques are well-known, they may not always be sufficient to address the complexity of difficult airway scenarios, posing a significant risk to patient well-being.
- The data and research paint a sobering picture of the risks associated with relying solely on conventional airway management techniques.





Rational Drowning

- The problem surrounding difficult airway management is of paramount concern. A significant proportion of patients encounter challenges with facemask ventilation or tracheal intubation, ranging from 0.3% to 13% of cases. This prevalence underscores the widespread nature of the issue and its potential impact on patient care.¹
- Furthermore, the combination of difficult laryngoscopy and difficult mask ventilation, occurring in up to 1 out of every 250 patients (0.4% of cases), creates a hazardous scenario known as "cannot intubate, cannot oxygenate." This situation poses a significant risk to patient safety, highlighting the urgent need for effective airway management strategies.²
- Compounding these challenges, a nationwide survey in Norway found that more than half of severe injuries related to anesthesia and airway management were attributed to failed intubation or misplaced endotracheal tubes. These findings underscore the devastating consequences of inadequate airway management practices and the profound impact on patient outcomes.³
- The data and research present a stark reality of the risks and consequences associated with suboptimal airway management. Failing to address these challenges not only jeopardizes patient safety but also increases the likelihood of severe complications and adverse outcomes. Addressing these issues is crucial to ensure the highest standards of patient care and safety.⁴



Emotional Impact

- Every instance of inadequate airway management starkly reminds us of the fragility of life and the critical importance of always maintaining the highest standards of care for every patient. They know better than we do that improper treatment of difficult airways can lead to severe brain damage and death.⁵



New Way

Fibre optic intubation remains among the highest standards for securing difficult airways in many countries. In Germany, it is considered the gold standard for this purpose. At the instigation of Prof. Philipovic from the St Gallen Clinic, we developed a product to simplify oral fibre optic intubation and improve outcomes. Our product enhances the process of introducing and navigating the bronchoscope while reducing trauma to the patient.

- Following the recommendation of a Lee and Doo (2013) Guedel study, the channel was placed posteriorly to facilitate guidance of the bronchoscope.⁵
- The U-shaped channel prevents the Guedel from slipping out, as is the case with the Berman Airway, for example, thanks to the lateral opening.
- The opening of the FG is large enough to be removed from larger bronchoscopes.
- The product is compliant with the ISO standard and color coding.
- The product is made of DEHP-free Soft PVC, which avoids potential pressure points during the fiberoptic intubation maneuver and reduces the risk of Trauma.
- The FG can help to complete intubation more quickly than when working without the product.
- The FG is offered in 3 different sizes most frequently used by adults (ISO 8,9,10).
- The FG has proven itself in practice for several years. Customers have reported that the product meets requirements regarding softness to reduce trauma and protects the bronchoscope material. The opening direction of the slot positively supports navigation and increases the success rate of intubation.

1. Petrini F, Accorsi A, Adrario E, et al Gruppo di Studio SIAARTI "Vie Aeree Difficili"; IRC e SARNePI; Task Force. Recommendations for airway control and difficult airway management. *Minerva Anesthesiol.* 2005;71:617-657
2. Kheterpal S, Healy D, Aziz MF, et al Multicenter Perioperative Outcomes Group (MPOG) Perioperative Clinical Research Committee. Incidence, predictors, and outcome of difficult mask ventilation combined with difficult laryngoscopy: a report from the multicenter perioperative outcomes group. *Anesthesiology.* 2013;119:1360-1369.
3. Fornebo I, Simonsen KA, Bukholm IRK, Kongsgaard UE Claims for compensation after injuries related to airway management: a nationwide study covering 15 years. *Acta Anaesthesiol Scand.* 2017;61:781-789.
4. Cook TM, MacDougall-Davis SR Complications and failure of airway management. *Br J Anaesth.* 2012;109suppl 1:i68-i85
5. Lee fiberoptic intubating airway for facilitating orotracheal fiberoptic intubation, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3822037/>