

Morbidity and mortality studies overwhelmingly conclude that respiratory events are the most common emergent anesthetic events and result in the worst outcomes when not properly treated. We will review the airway management tools available to the oral and maxillofacial surgeon. These will include the endotracheal tube, laryngeal mask airway, combitube, and cricothyroidotomy. Advantages, contraindications, and instructions for placement will be covered. Tools of early airway management detection and treatment will be reviewed. Emergency treatment of respiratory complications, including foreign body obstruction, laryngospasm, bronchospasm, aspiration, and pulmonary edema will be covered. Finally, the 'cannot ventilate, cannot intubate' scenario will be discussed in detail. The goal of the presentation is to help the clinician avoid airway complications and solve airway problems.

References

- Benumof JL: Airway management principles and practice. Mosby 1996
- Practice guidelines for management of the difficult airway – A report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway. *Anesthesiology* 78:597;1993
- Vergheze C, Brimacombe JR: Survey of laryngeal mask airway usage in 11,910 patients: Safety and efficacy for conventional and nonconventional usage. *Anesth Analg* 82:129;1996

The Obese and Morbidly Obese Patient

Guillermo E. Chacon, DDS, Columbus, OH

Purpose: The number of obese patients in the general population has increased dramatically over the past 20 years. This increase has highlighted concerns in treating these patients surgically in the office setting due to the increased likelihood of concomitant co-morbid conditions. With more and more surgical procedures being performed on an outpatient basis using deep sedation and general anesthesia techniques, it is critical for the oral and maxillofacial surgeon to be familiar with the physical condition of the surgical candidate. Thorough

review of the patient's health history and obtaining appropriate consultations can minimize associated risks and potential complications. Considerations concerning airway management and pharmacological issues need to be determined prior to the procedure to ensure both patient safety and operator efficiency.

Conclusion: The oral and maxillofacial surgeon will increasingly be called upon to treat the obese patient. By reviewing the complexities of the obese patient from a physiological and pharmacological standpoint, considerations involved in the surgical and anesthetic management of these patients can be appreciated. Initiating appropriate protocols for the surgical and anesthetic management of these patients can improve patient outcome and safety.

References

- National Institute of Health, National Heart, Lung, and Blood Institute. Clinical guidelines for the identification, evaluation, and treatment of overweight and obesity in adults—the evidence report. *Obes Res* 1998; 6(suppl 2): 51S-209S [Published erratum appears in *Obes Res* 1998; 6:464]. Retrieved August 2001 from: http://nhlbi.nih.gov/guidelines/obesity/ob_home.htm
- Lyznicki JM, Young DC, Riggs JA, Davis RM: Obesity: assessment and management in primary care. *Am Fam Physician* 11:2185, 2001
- Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL: Overweight and obesity in the United States: prevalence and trends, 1960-1994. *Int J Obes Relat Metab Disord* 22:39, 1998

Allergies and Anaphylaxis

David M. Grogan, DDS, MSD, Dallas, TX

No abstract provided.

Anatomy of a Disaster

Lester Machado, DDS, MD, San Diego, CA

A detailed discussion of real life scenarios pointing out the issues and events that lead to anesthetic related morbidity and mortality. A formal abstract would not be appropriate.

ANESTHESIA UPDATE FOR THE OMS

Tuesday, October 9, 2007, 7:00am—2:30pm

Anesthetic Management of the Geriatric Patient

Jeffrey B. Dembo, DDS, Lexington, KY

We have entered an era where life expectancy can easily exceed 100 years. This has resulted in an increase in the number of elderly patients who might require surgical and anesthetic care. By itself, increased age does not necessarily increase the risk of anesthesia. However, aging is associated with ana-

tomic, physiologic, mental, and emotional changes and these add complexity to the anesthetic plan and must be taken into consideration. Ethical issues associated with providing anesthetic care to the elderly may also require consideration.

The goals of this session are to answer three questions: 1) How are the elderly different from younger patients; 2) what should be included in their evaluation; and 3) what modifications should be made regarding their anesthetic care?