A survey of induction techniques amongst UK bariatric anaesthetists

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Background and goal of study

- Induction and emergence are the two most dynamic periods during anaesthesia.
- Several recommendations exist and newer technologies have been introduced but the uptake of these techniques across the UK is not known.
- This snapshot study was conducted to assess current practice.

Materials and methods

- An online survey link was sent to members of Society for Obesity and Bariatric Anesthesia UK (SOBA UK) in April 2017 to ascertain the current practices of pre-oxygenation and induction for bariatric surgery.
- Questions were on the topics of pre-oxygenation, THRIVE, choice of equipment for laryngoscopy, the delivery of muscle relaxants (and their reversal).
- Scenarios included use of these techniques in routine and predicted difficult airways.

First Line choice for laryngoscopy

Use of THRIVE

Pre-oxygenation for the predicted non-difficult airway

Pre-oxygenation for the potentially awkward airway

Results and discussion

- Ninety two members responded: a combined experience of >22,000 cases.
- In the predicted non-difficult airway, pre-oxygenation was most commonly (75%) delivered via a standard anaesthetic facemask, followed by face mask with CPAP (28%). (Members were given the option to choose >1 option)
- In the 'awkward or potentially tricky' airway, standard anaesthetic facemask still preferred (58%) followed by face mask CPAP (43%).
- Seventy five percent (76%) had never used THRIVE technique.
- Increase in the routine use of Optiflow and THRIVE technique in the 'awkward or potentially tricky' group from 5% to 7% and 5% to 12% respectively.
- First line choice for laryngoscopy was standard Macintosh blade (64%) followed by a videolaryngoscope (20%).
- Timing of muscle relaxant administration highly variable: 34% give NMB after loss of consciousness, 31% delivering Propofol and NMB together.
- Forty one percent (41%) never check the ability to bag-mask-ventilate (BMV) before giving NMB.

Conclusions

- Bariatric anaesthesia is an area where new techniques are embraced and implemented rapidly, with many of the lessons learnt in the obese passing into other spheres of practice.
- This study is somewhat disappointing as it appears that implementation of new technologies and recommendations is not as rapid as one would hope.
- We aim to repeat this survey and it will be fascinating to correlate the attendance at SOBA meetings with rates of uptake amongst our members.
- As these techniques become a standard, it will make it much easier for departments to justify the investment.