SAWA UNIVERSITY

جامعة ساوة الاهلية
كلية التقنيات الصحية والطبية
قسم التخدير - اللجنة العلمية

تقنيات اجهزة تخدير الكورس الاول

Nasopharyngeal airway

جامعـــــــة ســـــــــاوة الاهلية	Sawa University
كليـــــة التقنيـــات الصحيـة والطبيـة	College of health and medical techniques
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المرحلـــــــــــــة الثالثة	Stage 3

الجانب النظري
Theoretical

محاضرة رقم2
Lecture No2.

استاذ المادة :م . د سامي رحيم حسن

Nasopharyngeal airway

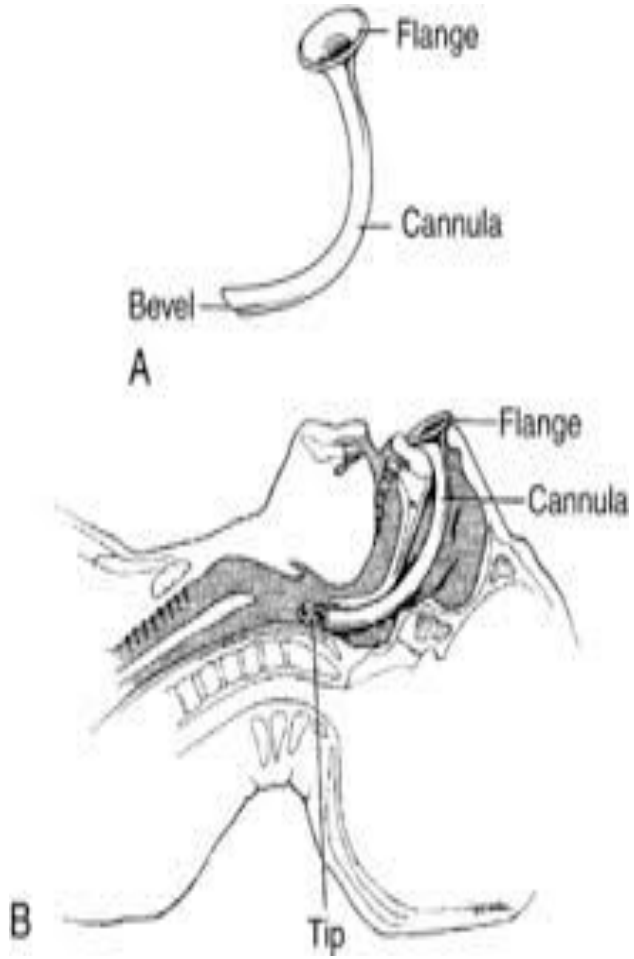
This airway is inserted through the nose into the nasopharynx, bypassing the mouth and the oropharynx. The distal end is just above the epiglottis and below the base of the tongue.

Components:

1. The rounded curved body of the nasopharyngeal airway.

2. The bevel is left-facing.

3. The proximal end has a flange. A ‘safety pin’ is provided to prevent the airway from migrating into the nose.

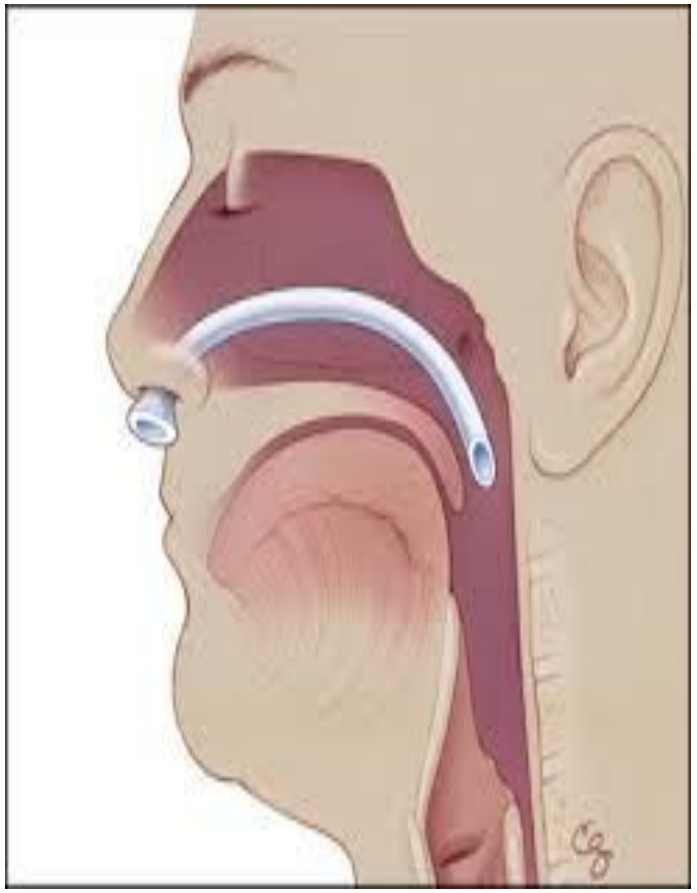


Problems in practice and safety features:

1. Its use is not recommended when the patient has a bleeding disorder, is on anticoagulants, has nasal deformities or sepsis.

2. Excess force should not be used during insertion as a false passage may be created.

3. An airway that is too large can result in pressure necrosis of the nasal mucosa, while an airway that is too small may be ineffective at relieving airway obstruction.



Indications for Nasopharyngeal Airway

1. Spontaneously breathing patients with soft tissue obstruction of the upper airway
2. Sometimes for dilation and anesthesia of the nasal passage to prepare for nasotracheal intubation

- Nasopharyngeal airways are better tolerated and are preferred rather than oropharyngeal airways for patients who are obtunded with intact gag reflexes.
- Nasopharyngeal airways can be used in some settings where oropharyngeal airways cannot, eg, oral trauma or trismus (restriction of mouth opening including spasm of muscles of mastication).
- Nasopharyngeal airways may also help facilitate bag-valve-mask ventilation

Contraindications to Nasopharyngeal Airway

1- Suspected cribriform plate (basilar skull) fracture

Passage of the nasopharyngeal airway into the cranial vault through a disrupted cribriform plate has been reported but is rare.

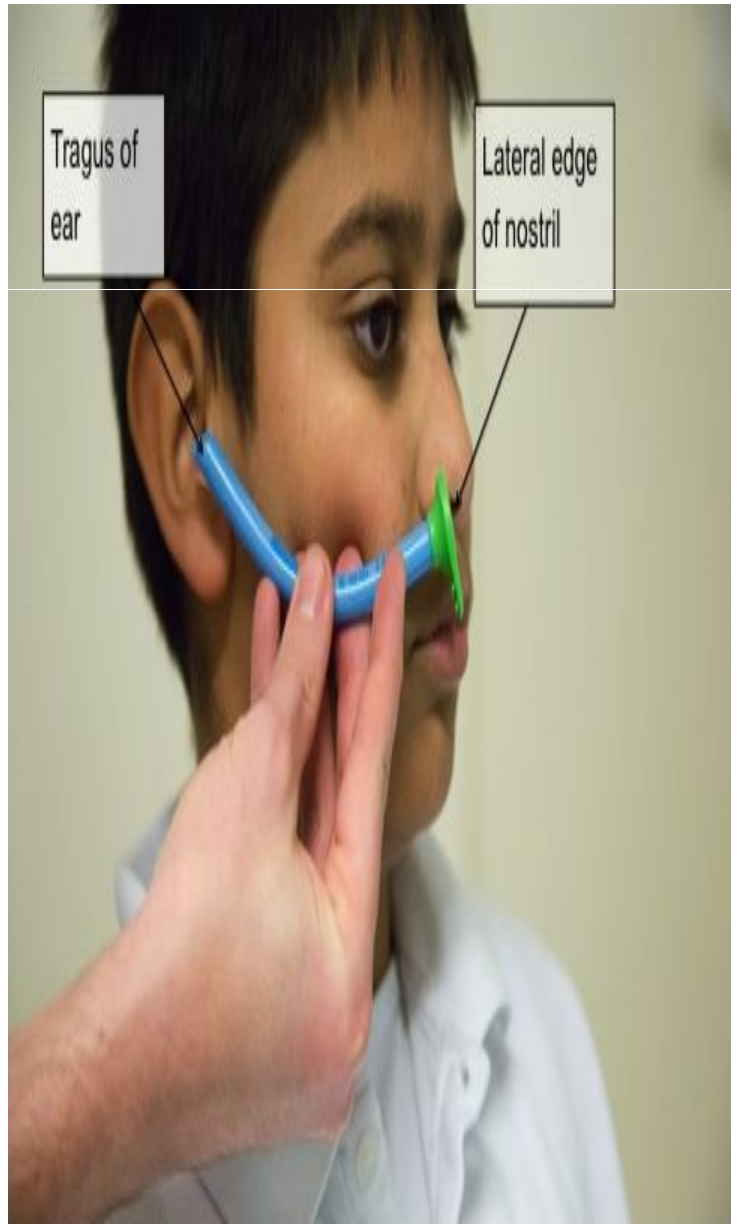
2- Significant nasal trauma

Complications of Nasopharyngeal Airway

Complications include:

1. Epistaxis
2. Gagging and the potential for vomiting and aspiration in conscious patients
3. Sinusitis

Age	NPA size	Suction catheter size
Pre-term to 1 month	3	6
1 - 6 months	3.5	8
6 - 6 months	4	8
18 months - 3 years	4.5	8



Subject Height	Suitable Portex™ NPA
Short female	6, pin 1 cm from flange
Average* female/short male	6
Tall female/average* male	7
Tall male	8

*based upon average height females being 163 cm and males 178 cm.

THANK YOU