



SAFE SURGERY

WHO GUIDELINES FOR SAFE SURGERY

By

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In response to the worldwide interest in surgical safety the Egyptian Journal of Surgery is dedicating a specific section for surgical safety. In the forthcoming issues of the journal the WHO guidelines for safe practices in surgical theatres will be presented with audit criteria (standards) through which any member of the surgical team can assess the degree of compliance of the surgical team with the recommended safe practices inside their surgical theatre.

Standard 3:

The team will recognize and effectively prepare for life-threatening loss of airway or respiratory function.

Highly recommended

- All patients should undergo an objective evaluation of their airway before induction of anaesthesia, even when intubation is not anticipated, in order to identify potential difficulties in airway management.
- The anaesthesia professional should have a planned strategy for managing the airways and be prepared to execute it, even if airway loss is not anticipated.
- When the anaesthesia professional suspects a difficult airway, assistance during induction should be immediately available and a back-up plan for airway management should be clearly identified.
- When a patient is known to have a difficult airway, alternative methods of anaesthesia should be considered, including regional anaesthesia or awake intubation under local anaesthetic.
- All anaesthesia professionals should maintain their airway management skills and be familiar with and proficient in the multiple strategies for dealing with difficult airways.

- After intubation, the anaesthetist should always confirm endotracheal placement by listening for breath sounds as well as gastric ventilation and monitoring the patient's oxygenation with a pulse oximeter.
- Patients undergoing elective surgery should be fasting prior to anaesthesia. Those at risk of aspiration should be pre-treated to reduce gastric secretion and increase pH.

Recommended

- The anaesthesia professional should confirm endotracheal placement after intubation by use of capnography.
- The results of the airway evaluation and a description of the ease or difficulty of intubation, if performed, should be recorded in the anaesthesia record.

Audit criteria

1. Knowledge of Mallampati classification.
2. Compliance with airway assessment.
3. Documentation of airway assessment.
4. Availability of stylets, elastic bougie, laryngeal masks, fiberoptic intubations.
5. Training on difficult airways.
6. Policy and procedure for difficult airways.
7. Capacity to use regional anesthesia (spinal, brachial).
8. Assessment of proper endotracheal placement (auscultation of breath sounds and gastric ventilation).
9. Policy and procedure on patient fasting.
10. Availability of capnography.
11. Documentation of difficult airway situations.

Complete WHO Guideline for Safe Surgery document can be downloaded from the Alexandria Patient Safety Alliance website: www.mri.edu.eg.

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