Tracheobronchial Foreign Bodies
Tracheobronchial Foreign Bodies

- Epidemiology
- History
- Examination
- Investigations
- Unusual presentations

- Acute management
- Endoscopic removal
Foreign Bodies - Epidemiology

• Choking vs inhalation
• Incidence
  – 400 choking deaths per year in EC
  – 50,000 non-fatal choking incidents
• Geographical: more common in southern countries
• Commonest cause of *accidental* death <6yrs
Foreign Bodies - Epidemiology

• Types of FB
  – Foods
  – Toys
  – Everyday objects

• Regulations
  – Cylinder

• Anatomical Considerations
Foreign body inhalation

• History
  – Awareness
  – Stridor
  – Cyanosis
  – Cough
  – Change in voice
  – Pneumonia

• Examination
  – Stridor
  – Recession
  – Cyanosis
Investigations

- Plain X-ray
  - Decubitus views
- inspy/expy views
- Videofluoroscopy
- O2 monitor (Acute)
Unusual presentations

– Pneumothorax
– Subcutaneous emphysema
– Mediastinal emphysema
– Haemopotysis
Acute management

– Heimlich/back slaps
– finger sweep
– cricothyroidotomy
Endoscopic removal

- Urgency?
- Anesthesia
- Equipment
Anaesthetic Technique

- I.M. Atropine
- I.V. induction (usually)
- Suxamethonium
- Lignocaine spray

- ? Intubate
- ((jet ventilation))
- Halothane O2 maintenance
- Monitoring
Equipment - Bronchoscopy

- Storz ventilating bronchoscopes
- Hopkins rod telescopes
- 7200A telescope
- FB forceps
- Suckers
Surgical Technique - Tracheobronchoscopy

- Appropriate size bronchoscope
- 3.5mm just accepts sucker
- finger or laryngoscope to guide scope to prevent soiling of lens

- Adrenaline 1:100,000 or
- Lignocaine 0.5% and Adrenaline 1:200,000
Endoscopic removal
Summary

Co-operation with anaesthesia
Equipment
Experience