"Airway Management Devices: Past, Present, and Future"



Background

B.S. – Biomedical Engineering

Ph.D., M.S. – Mechanical Engineering



Interests: Medical Imaging,
Medical Devices,
Biomaterials

Learning Objectives:

By the end of this session, the listener should be able to...

- ♦ Identify the history, advancements, and future directions in airway management.
- Discuss the current limitations of airway technology and how they affect current practices.
- Recommend improvements to airway tools and workflows within their respective area(s) of practice.

Airway Management:

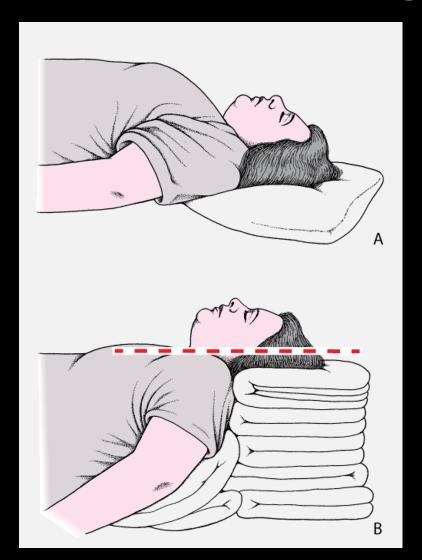
Airway management is the assessment, planning, and series of medical procedures required to maintain or restore an individual's ventilation, or breathing.

By maintaining an open airway, air can flow from the nose and mouth into the lungs."

Devices

Suction Devices Airway Devices + Adjuncts Mechanical Ventilators Laryngoscopes ...among others!

Not all Devices are "High Tech"...



Past

When did airway management start? Depends who you ask...

The early evolution of airway management techniques and equipment for anesthesia was largely driven by **surgical need**, the requirement for **airway protection**, and the **treatment of infectious diseases**, such as polio and diphtheria.

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The "Difficult Airway"

The concept of a "difficult airway" was appreciated by the first practitioners of anesthesia with London-based anesthesiologist Joseph Clover (1825-1882) carrying his homemade difficult airway equipment with him to every case. https://www.woodlibrarymuseum.org/museum/hewitt-airway/



Clover Inhaler (1877) "Portable ether inhaler"

Hewitt's Airway (1908)

"a circular metal ring, with an internal diameter of half an inch, and a deep groove in its outer circumference to allow the ring being held firmly by the teeth."



Dr. Frederic W. Hewitt (1857-1916)

Source: Hagberg & Benumof's Airway Management, 5th Edition (2023)

Early plastic tube with inflatable cuff

Circa 1958



Past – Suction

The first conventional aspirator was introduced by a cardiologist named Pierre Carl Edouard Potain in 1869.

His aspirator was a manual machine that used a pump to drain abscesses and fluid buildup in the chest, with the goal of preventing heart failure.



Reflection 1:

How has your practice of airway management changed during your professional career, if at a11?

Present – Airway Tools

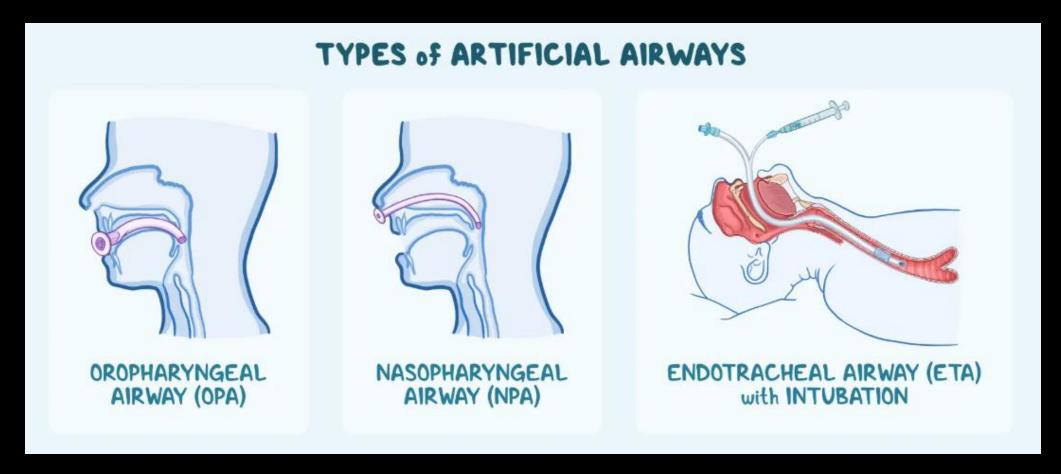


Laryngoscope



Glidescope ®

Present – Artificial Airways



Present – Portable Suction



Laerdal LCSU 4,



SSCOR Quickdraw®

Reflection 2:

What shortcomings in:

- Technology
 - Procedures
 - Training
- ...do you see in your practice? 16

Current Challenges: Prehospital



Powerful,
portable suction

♦ Definitive
Airway



Current Challenges: Military

- ♦ Powerful, portable suction
- ♦ Definitive Airway
- ♦ Multiple lines (?)





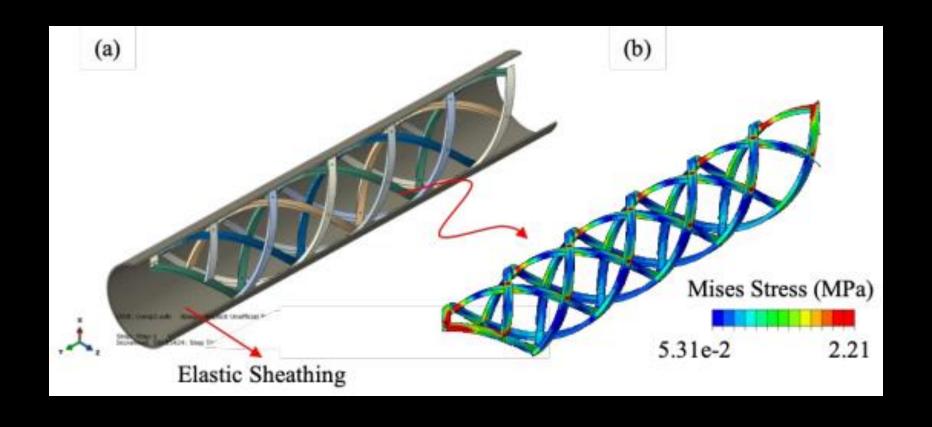
Current Challenges: Education

- Direct vs. Video
 Laryngoscopy
 - Training tools





Future – Airway Devices





Future –Robotic Intubation



Source: https://newatlas.com/worlds-first-intubation-robot-tested-on-human-subjects/18440/

Future –Suction Devices





Future –Suction Devices (cont.)

Integrated suction + artificial airway (?)

Multiple high-power (500+ mmHg) suction lines?



Reflection 3:

As a professional in airway management...

Which improvements are actionable?

What near- and long-term visions do I have for my team's ability to manage the airway?

"The quiet part out loud": Why the lone wolf fails

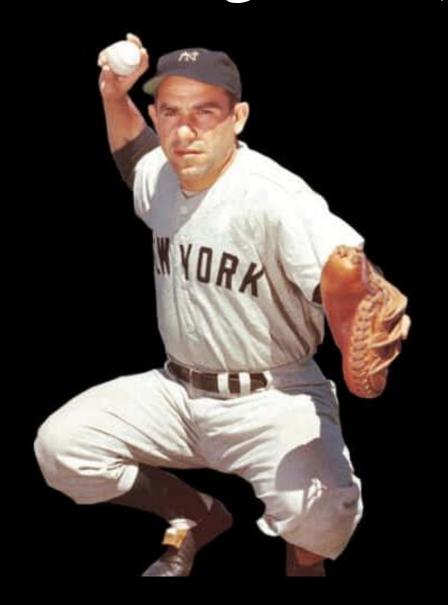
Scientists/Engineers:

• Tech looking for a problem; don't understand workflow

Clinicians:

- · Half-baked idea; not enough time to do all testing, writing, etc.
- + Why collaborations fail:
- ♦ Lack of momentum no leader(s)

Engineers, Take Note:



"You can **observe** a lot by **watching**."

- Yogi Berra

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Questions?

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