



FUTURISTICALLY ADAPTABLE MANAGEMENT OF SEDATION COUGH PROJECTILE

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My opinion

Although cough projectile may be commoner in intubated patient with endotracheal tube being a narrower conduit,^[1] non-intubated patient can also generate cough projectile through wider oropharynx. During elective colonoscopy under fluctuating moderate-to-deep sedation levels, profuse regurgitation with or without cough projectile may happen when imperfectly empty stomach's contents regurgitate secondary to lower gastrointestinal tract insufflation. To prevent oropharyngeal soiling, tracheobronchial aspiration and operating room airspace contamination, endotracheal tube inner diameter-ID-7.0mm can be blindly inserted as a suction catheter ready-for-continuous-suction when connected to suction tubing via straw connector (Figure 2). Endotracheal tube's soft-tip can lie shallow inside oral cavity if prominent gag reflex is preventing its further advancement inside pharynx until deeper sedation level has set in or profuse regurgitation is warranting aggressive suctioning. Larger ID endotracheal tubes may not ensure adequate suctioning seal with straw connector; additionally, they may potentially risk inadvertent aspiration of straw connector. With bite block keeping patient's mouth open, the anesthesia provider can consider wearing a headlight for regular oropharyngeal monitoring. Nasal cannula can be easily replaced with Panoramic Oxygen Mask® which allows this suctioning arrangement.^[2] When esophagogastroduodenoscope occupies bite block's central opening, bite block's side openings may be used for this suctioning arrangement. As patient safety is the primary concern, costs of material may have to be relegated to backseat when soft-tipped endotracheal tube ID 7.0mm as a suction catheter costing ~\$6 replaces either ineffective Yankauer suction tip outer diameter 6.7mm costing ~\$1 or unavailable SSCOR DuCanto catheter ID 6.6mm costing ~\$2.^[3] Moreover, VivaSight-SL,^[4] a costlier endotracheal tube with integrated camera, can monitor and manage impending regurgitation/vomiting in real-time when it is placed inside pharynx as a suction catheter.

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Figure Legend

Figure 1: Schematic Diagram With Manikin Demonstrating How To Contain Cough Projectile During Sedation: With Mouth Being Kept Open By Bite Block And Utilizing 7.0mm Endotracheal Tube As Suction Catheter Connected Via Straw Connector (Hollow Arrowhead) To Suction Tubing

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