**PATIENT 1001**

**NOTE 1001**

**DATE: 4/25/22**

**Date of Procedure:** April 25, 2022  
       
**Pre-Procedure Diagnosis**: Respiratory decompensation  
       
**Post Procedure Diagnosis:** same      
       
**Procedure:**  
1. Laryngoscopy with telescope  
2. Telescopic Bronchoscopy  
3. Flexible Laryngoscopy  
   
**Indication for Surgery**:   
This is a 43 day old male with history of respiratory decompensation requiring CPAP with unknown cause. On prior bedside fiberoptic laryngoscopy, supraglottic edema was noted which obscured view of the glottis. Given history and findings, decision was made with the parents to proceed to the OR for the above procedure. Risks, benefits, and alternatives of the procedure were explained to the parents who agreed to proceed willingly.  
   
**Procedure Performed By:** Charles Sans, MD   
       
**Assistant(s):** Carrie M, MD; Kathy K, MD   
       
**Anesthesia:** General inhalational      
   
**Laryngeal Exposure:**  
          Exposure of Larynx:  grade 1 using 8 cm side slotted Storz laryngoscope  
          Patient position and/or special maneuvers:  flat  
**Findings:**  
**Flexible Laryngoscopy**  
          Exam performed via right naris. Adenoids non-obstructive. No purulence or polyps noted in the nasal cavity. Significant clear secretions noted. Bilateral vocal cords visible, normal in appearance and bilaterally mobile. The supraglottis is mildly edematous.  
  
**Microlaryngoscopy**  
          Supraglottis: Mild edema  
          Glottis: Right vocal cord difficult to visualize beneath the overlying right false cord. Multiple maneuvers were used to improve exposure of the right cord, and despite this only a brief glimpse of the right cord was able to be obtained. There is  a micro-web of the anterior commissure.  
          Vocal Fold mobility: sees above  
          Posterior  larynx: not palpated  
          Subglottis: normal  
            
**Telescopic Bronchoscopy**  
          Upper trachea (T1): normal crisp-appearing C-shaped rings without tracheomalacia, non-dynamic exam performed  
          Mid-trachea (T2): normal crisp-appearing C-shaped rings without tracheomalacia, non-dynamic exam performed  
          Lower trachea (T3): normal crisp-appearing C-shaped rings without tracheomalacia, non-dynamic exam performed  
          Right bronchus: normal without bronchomalacia, non-dynamic exam performed  
          Left bronchus: normal without bronchomalacia, non-dynamic exam performed  
   
**Emergency Airway Classification:**  
          Bag / Mask from above:              Y  
          LMA from above:                        Y   
          Able to intubate from above:       Y - Patient intubated during this procedure with a 3.5 uncuffed endotracheal tube with a free leak  
          Tracheostomy is only airway:       N  
      
**Description of Procedure:** The patient was taken to the main operating room, and placed in a supine position on the operating table.  General inhalational anesthesia was administered by face mask.  The patient's eyes were protected.  A flexible laryngoscope was inserted via the right naris with findings as noted above. A pediatric side-slotted laryngoscope was then used to expose the patient's larynx.  The patient was kept breathing spontaneously. An endotracheal tube was placed in the hypopharynx to continue insufflating oxygen to the patient. 0.5  ml of 1% lidocaine were sprayed onto the vocal folds.   A Hopkins II telescope was used to fully evaluate the patient's larynx, including assessment of cricoarytenoid joint mobility, vocal  fold  movement, evaluation for laryngeal cleft, and size of subglottis.  The findings as detailed above were noted, and documented with intra-operative photos.  The laryngoscope was withdrawn, and the patient further mask ventilated by the anesthesia team.  
   
Upon completion of the diagnostic laryngoscopy, a complete telescopic bronchoscopy using a Hopkins II telescope was performed.  The side-slotted laryngoscope was used to expose the larynx, and an infant long telescope was placed atraumatically into the patient's airway. The patient continued spontaneous respirations.  The  telescope was used to evaluate the patient's upper-, mid-, and distal trachea.  The right and left bronchi, as well as take-off of segmental bronchi were evaluated.  The findings were noted, as detailed above, and documented with intra-operative photos.  Upon completion of the rigid telescopic evaluation of the trachea and lower airways, the scope was withdrawn.  The patient was then mask ventilated by the anesthesia staff. The telescope was used to evaluate the patient's larynx, upper-, mid-, and distal trachea.  The right and left bronchi, as well as take-off of segmental bronchi were evaluated. Upon completion of the evaluation, the scope was withdrawn. The patient was then intubated with a 3.5 uncuffed endotracheal tube. The findings were noted, as detailed above, and documented with intra-operative photos.    
  
Patient was then turned over to the Pulmonary team for their portion of the procedure.  
   
**Specimens:** none     
       
**Complications:** none      
       
**Patient Condition:** good      
  
Dr. Sans was present and scrubbed for the critical portions of the procedure