

## Managing the impossible airway using ECMO

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During the last three decades, advances in airway management have provided us with many tools to manage patients with a difficult or failed airway, placing the emphasis on oxygenation and ventilation of the patient and not on tracheal intubation or devices (1, 2). Utilizing the four fundamental methods of oxygenation: bag-mask-ventilation (BMV), the use of extraglottic devices (EGDs), tracheal intubation using a variety of techniques, and the invasive front of neck access (FONA or cricothyrotomy), many organizations have developed and revised guidelines and strategic plans to help clinicians make critical decisions when providing oxygenation under challenging circumstances(3-9). While these guidelines and strategic plans help in managing patients with a difficult or failed airway, there are no specific plans recommended to manage patients with an impossible airway when all four fundamental techniques of oxygenation are likely to be difficult or failed(10).

This presentation will discuss the utilization of an awake extra-corporal membrane oxygenation (ECMO) prior to airway intervention in managing patients with an impossible airway. Even though it is not common to have a patient with an impossible airway, it is necessary to have an alternative plan when encountering a patient who cannot be oxygenated using the familiar techniques.

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