



## Suction: Most Neglected Part of Equipment Check-Up

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Liberty is one of man's birth-rights, but it does not descend upon man automatically. It is gained by hard work and eternal vigilance. Lack of vigilance for a long time may spoil everything. Only who those are ever alert can enjoy the benefits of liberty.

A mouth full of blood or secretions is the most dreaded nightmare for an anaesthesiologist during induction of general anaesthesia. An anaesthesiologist/emergency service provider encounters many a times oral cavity full of secretions, blood and blood clots that may hinder the effective bag mask ventilation and laryngoscopic view during intubation. Paediatric patients producing a lot of oral secretions due to crying, ENT surgeries like tonsils and adenoid resection, vallecular cyst, oropharyngeal carcinoma, FESS septoplasty, facial trauma, dental procedures all causes pooling of blood in the oral cavity. During full stomach conditions like pregnancy, trauma, the Ryles tube suctioning reduces the chances of aspiration by decreasing the stomach contents which can otherwise be aspirated with induction of general anaesthesia. Also, during difficult intubation requiring many intubating attempts and each attempt adding to trauma to oral cavity and further worsen the intubation conditions. Material in the oral cavity, not only obscure the laryngoscopic view but also impose risk of aspiration. Many a times during laryngoscopy when an anaesthesiologist/emergency service provider found something in oral cavity then he/she orders for the suction but as the suction machine was not checked previously and may not be working properly so finally creating a chaos and callus situation every one running and shouting for the suction and thereby further delaying the intubation and thus increasing the chances of aspiration and hypoxia. In the post-operative period also, suction machine can play a pivotal role in the patients having retained secretions, not able to spit out thereby causing airway obstruction, at such times gentle suctioning helps in clearing the secretions and thus the airway. During pre-anaesthetic equipment check, an anaesthesiologist most often forgets to check for a working suction machine. Most of the pre-anaesthetic preparations are done by the anaesthesia technicians or the junior doctors or anaesthesia residents who very often forget to check for the availability of a working suction machine. Moreover anaesthesia teaching curriculum or books and even the difficult intubation algorithms [1,2] and cart does not mention suction machine as a part of anaes-

thesia equipment check. Anaesthesiologist has an impression that the suction machine is a surgeons play, so why they should check it. Even adding more to confusion, the suction machine purchased by hospitals comes under the surgical equipment's.

The suction machine works like a boon for any emergency service provider during difficult situations. The suctioning can clear the oral cavity thus making the view clear and helping to secure the airway with ease. So it is imperative to reconfirm the working suction before the induction of anaesthesia, as its absence may pose a considerable risk to safety of patient.

Thus a proper equipment check along with proper functioning suction machine prior to induction of anaesthesia is of paramount importance. The authors also recommend that the working suction machine should also be given a place in difficult airway cart and anaesthesia equipment checklist. In addition, the proper and gentle suctioning should be given place in the difficult airway algorithm.

"The price of liberty is eternal vigilance"... Thomas Jefferson.

### Bibliography

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