



## The Anesthesiologist as the Expert of In-Hospital Airway Management: Not Just Intubation

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### Editorial

In many hospitals in China, the emergency in-hospital airway management is often the responsibility of the anesthesiologist, who mainly provides endotracheal intubation for patients with emergency respiratory failure and other reasons that require invasive ventilation. Especially during the COVID-19 pandemic, a dedicated team of anesthesiologists to undertake the work of establishing artificial airways for severely infected people who require mechanical ventilation. This phenomenon is mainly due to the anesthesiologists having the most experience in tracheal intubation. It is undeniable that the anesthesiologist is necessary in the emergency airway management team in the hospital. However, many doctors have a misunderstanding and believe that the endotracheal intubation in-hospital only needs to be completed by the anesthesiologist. In this text, we emphasize the task and role of the anesthesiologist in in-hospital airway management.

The point repeatedly mentioned in other departments is that tracheal intubation is a complicated and risky operation, and only doctors with rich experience can properly predict and deal with potentially difficult airways. As one sentence says, professional handles professional affairs. Especially during the COVID-19 pandemic, the effect of a dedicated tracheal intubation team is significant on infection control. Skilled doctors can complete the intubation in the shortest time, and reasonable induction of anesthesia can reduce the release of droplets and aerosols during operation. In addition, excellent anesthesia management can ensure that the critically ill patients with fragile lungs of survive from the hypoxic period before the artificial airway is established. The efforts of anesthesiologists have provided patients with safe and reliable in-hospital airway management, but it has also led to the dependence of other departments on anesthesiologists. People often don't realize that tracheal intubation is a technique that must be mastered in the training of residents. The lack of training and practical opportunities for tracheal intubation in many departments has led to young physicians being unskilled in this skill.

Anesthesiologists have practiced countless difficult airway cases in operating rooms for centuries. They have summarized the procedures and strategies for dealing with various special situations. These procedures have direct significance for the practice of endotracheal intubation, and most fatal risks can be avoided. At present, domestic experts, including Professor Wu-Hua Ma, spare no effort to promote and train the latest guidelines for airway management to general practitioners, but these courses are often unable to be used by them in practice. It is difficult to change the status quo of intubation in the hospital only from the education aspect, and their inherent concepts must be changed from the hospital management aspect.

In addition to physicians in other departments, some anesthesiologists also misunderstand their identities. Their role in airway management is not only as a tracheal intubation operator, but also as a manager for the patient's entire period of airway management. For example, their job includes assessing the patient's airway and cardiopulmonary function, choosing sedation and tracheal intubation methods, even include determining whether the patient really needs tracheal intubation. This kind of identity change anesthesiologists will have more initiative to avoid unnecessary intubation. Some decision to intubation only comes from specialist considerations. Anesthesiologists can provide more risk-avoidance options including supraglottic ventilation or tracheotomy.

As anesthesiologists' work move to the operating room, except providing patients with operating techniques, they must also contribute more of their experience and wisdom in physiology and pathology. As an expert in airway management, anesthesiologists play a leading role in the in-hospital emergency airway management team, not just intubation. The team role requires experts from various disciplines to perfect its rationality, including otolaryngologists and emergency

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doctors. Moreover, hospital managers should strengthen the training of basic skills for specialist physicians. Because in a hospital with a shortage of manpower, a dedicated emergency airway team is

extravagant. This requires specialists to have the ability to deal with the critical moment of the disease, rather than waiting for the help of the same busy anesthesiologist.