LUNG ISOLATION IN A PATIENT WITH A NEW TRACHEOSTOMY USING A WIRE-GUIDED APPROACH FOR PLACING AN ARNDT ENDOBRONCHIAL BLOCKER

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Disclosures

Dr. George Arndt
• Faculty member
• Inventor of the Arndt Endobronchial Blocker (AEB)
• Not involved in the clinical care of this patient

Case Description

70 year old female s/p laparoscopic repair of hiatal hernia
• Complicated by:
  • Perforation
  • Sepsis
  • Respiratory failure
• POD#9: Transferred to a tertiary care facility for further care
• POD#13: Percutaneous tracheostomy
  • 8.0 cuffed Shiley
• POD#16: Found to have tube feeds in her right-sided chest tube
  • Emergent right sided thoracotomy
  • Need for lung isolation
Lung Isolation Options

1. Remove tracheostomy
   - Double lumen tube
   - Bronchial blocker through oral ETT
   - Replace tracheostomy with ETT and use bronchial blocker

2. Keep tracheostomy in place
   - Use bronchial blocker
     - Traditional "snare" placement technique
     - Guide-wire technique

Technique Description

Arndt Endobronchial Blocker (AEB, Cook® Medical, Bloomington, IN)
Discussion

This case demonstrates successful lung isolation

• Complicated patient
• Recent percutaneous tracheostomy

The patient’s clinical condition improved postoperatively

• Transferred to a long-term hospital
  - Weaned from the ventilator

Discussion

Risks of removing the new tracheostomy:

• Failed intubation in the operating room
• Failed replacement of the tracheostomy post-operatively
• Trauma to the trachea and associated structures

Benefits of guide-wire technique over the traditional “snare” placement of the bronchial blocker:

• Size
• Precision
• Inspection
  - Direct visualization