WEBAIRS

ANZTADC Case Report Writing Group

Retained Throat Packs reported to webAIRS

WebAIRS has received numerous reports of anaesthetic incidents involving throat packs which are commonly used in Australia during dental, maxillofacial, nasal, or upper airway surgery to reduce the risk of airway complications. They are made of woven gauze or similar soft fabric such as polyurethane foam and used under general anaesthesia to:

- absorb blood and other bodily fluids/ material created by surgery and prevent ingress via the back of the throat to the oesophagus or airway;
- prevent amalgam and similar foreign material from lodging near the glottic entrance or oesophagus;
- seal the area around the endotracheal tube to prevent leaks;
- stabilise endotracheal tubes or supraglottic airway devices [1]

A recognised complication of the use of throat packs is unintended retention. Despite taking precautions, throat packs may be inadvertently left in situ after the procedure, with the risk of obstructing the airway [1]. Whilst the packs might be inserted either by anaesthetists or by surgeons, they are commonly inserted by the anaesthetist and removed by the surgeon. This shared role might contribute to the risk of inadvertent retention especially if the pack is not included in the swab count. The question of legal responsibility or shared responsibility might not be obvious, but usually remains with a person that performs a procedure, unless a formal handover of the responsibility for ongoing care takes place. However, the anaesthetist is responsible for airway management during emergence from anaesthesia and that includes ensuring that the airway is clear of any foreign material, which might include, for instance, fluids, blood or in this case a throat pack.

A recent evidence-based consensus statement by the Difficult Airway Society (DAS), the British Association of Oral and Maxillofacial Surgery (BAOMS) and the British Association of Otorhinolaryngology, Head and Neck Surgery (ENT-UK) stated that they no longer recommend the routine insertion of throat packs by anaesthetists[2]. If a throat pack is regarded as clinically necessary, prevention strategies to reduce risk of inadvertent retention include both documented evidence and visual cues[1]:

Documented evidence

- The reasons that a throat pack is clinically indicated and justified.
- Record the two persons check of both the insertion and the removal of the pack.
- Add the pack to the swab count.

Visual cues

- Place a label or mark on the patient, for example, a sticker on the patient's forehead.
- Attach a label to the airway device or part of the anaesthetic circuit where it will be seen during removal of the airway device.
- Attach the pack to the airway device.
- Leave a portion of the pack protruding from the patient's mouth.

In addition to the previous strategies:

- Insist those responsible for the insertion are responsible for the removal of the pack.
- Announce loudly in the OR that a throat pack has been inserted and follow this with the announcement that the pack has been removed.
- All airway suction is to be performed under vision, particularly at the end of the operation.

The throat pack should have a Raytec strip so that if the above strategies fail the location of a retained throat pack can be determined by X-ray.

ANZTADC is currently systematically analysing the webAIRS reports that involve throat packs with a view to publication in the peer reviewed journal, Anaesthesia and Intensive Care.

ANZTADC Case Report Writing Group

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References

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2. Athanassoglou V, Patel A, McGuire B, Higgs A, Dover MS, Brennan PA, et al. Systematic review of benefits or harms of routine anaesthetist-inserted throat packs in adults: practice recommendations for inserting and counting throat packs. Anaesthesia. 2018;73(5):612-8.