A Simple Technique of preventing Pressure Sores of the Nasal Ala during Prolonged Nasoendotracheal Intubation with Armored Tube

Srijon Mukherji, Hemant Aggarwal

ABSTRACT

Nasal ala pressure sores or necrosis following prolonged surgeries with nasotracheal intubation has been reported many times and is a common small complication. It can be prevented by using a simple technique.

Keywords: Alar pressure sore, Nasotracheal intubation, Armored tube.


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INTRODUCTION

Nasoendotracheal intubation with metal reinforced (armored) tube is commonly used in patients undergoing oral and maxillofacial surgery. Nasal ala pressure sores or necrosis following prolonged surgeries with nasotracheal intubation has been reported many times and is a common small complication. The incidence of it is not well documented but it occurs due to pressure on the ala of nose by nasoendotracheal tube that remains in situ for several hours obstructing regional microcirculation. It is often only noticed at extubation and is an embarrassing issue for the surgeon (Fig. 1).

We noticed that it can be prevented by taking a simple precaution. Various methods have been mentioned in literature to have been used to prevent this complication. Hydrocolloid dressing,\(^1\) polyvinyl acetyl sponge (Merocel),\(^2\) combination of soft liner and DuoDERM\(^3\) have been used as cushioning material to prevent pressure on the ala. In one study, a modified nasotrachial tube was used which is proximal part of a preformed nasotracheal tube, which are linked by a connector, to prevent nasal ala pressure sores.\(^4\)

These materials are not always available in the operation theater and may be complex and expensive. We used a piece of simple dressing adhesive tape (Dynaplast by Johnson and Johnson) which also is used to fix the tube (Fig. 2). It prevented the pressure on the ala of nose when as suitably sized small piece was placed in between the ala and tube. It was used in 16 long cases (5-10 hours) with excellent results. No nasal ala pressure sore were seen.

REFERENCES


ABOUT THE AUTHORS

Srijon Mukherji (Corresponding Author)
Director, Department of Head and Neck Surgery, Calcutta Institute of Maxillofacial Surgery and Research, Kolkata, West Bengal, India e-mail: drmukherji@rediffmail.com

Hemant Aggarwal
Registrar, Department of Head and Neck Surgery, Calcutta Institute of Maxillofacial Surgery and Research, Kolkata, West Bengal, India