

# Preface

Few challenges can sour faster or lead to more devastating outcomes than failed attempts to control a difficult airway. Things can go from calm to catastrophic in little more than the time that you are able to hold your breath, and death or profound neurologic injury are the possible results. The concerns regarding the management of difficult airways are shouldered by many in the healthcare field as anesthesiologists, intensive care physicians, emergency room physicians, as well as nurses in many different venues, and out-of-hospital first responders may all be tasked with providing airway support and/or definitive airway control to a wide range of patients. Unfortunately, the majority of patients with airways that are difficult to manage are either unsuspected difficult airways or require urgent airway management. Either way, there is often precious little time to develop a plan for how best to approach the problem. The American Society of Anesthesiologists' Difficult Airway Algorithm, and algorithms like it, were developed in large part to offer a pre-planned approach to the difficult airway to streamline the efforts from the time of identifying the difficult airway to successful management of the airway. The advantage of the ASA algorithm is that it includes many different techniques and tools to help the provider overcome the entire gamut of airway challenges. The drawback to the wide range of approaches is that it poses a significant experiential challenge to the airway manager who wants to become familiar with the many options available to manage a difficult airway. This problem has been exacerbated by the rapid evolution in airway management tools and the techniques for their use that have occurred in the past 10–15 years. Our purpose in writing *The Difficult Airway* was to provide the necessary background and instructions in the many techniques listed in the ASA algorithm so that any practitioner, from the novice to the seasoned veteran, will feel comfortable in selecting and practicing unfamiliar techniques and devices or better appreciate the role that familiar ones might play. To this end, we have benefitted greatly from the experiences and expertise of an international collection of practitioners who have each written and illustrated a chapter covering techniques that they, in many cases, have pioneered.

Much of the inspiration for this work as well as the selection of the authors for each of the chapters came from Dr. Andranik Ovassapian. Dr. Ovassapian's groundbreaking work with fiberoptic bronchoscopy and his involvement in the founding and early leadership of the Society for Airway Management has served as the foundation for much of the work that has followed regarding the management of the expected and unexpected difficult airway. For that, a generation of clinicians and their patients owe him a tremendous debt. We were all deeply saddened by his death during the writing of this book, but trust that the lessons he taught us will continue to improve patient safety and satisfaction for many years to come.