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A Hairy Situation

To the Editor:—Difficult airway management begins with and sometimes reverts to adequate mask ventilation. Textbooks often list the facial qualities of patients that result in difficult mask ventilation, including obesity, edentulousness, and cachexia. Noted in only a few textbooks and not found in any published reference (but familiar to all practitioners) are mask ventilation problems associated with patients with beards or mustaches.[1,2] The only published solution to this problem consists of shaving the patient before induction.[3] Although the use of lubricant between the mask and beard has been suggested (personal communication), it may be messy and interfere with the anesthesiologist's grip. We describe a method that helps achieve a good mask fit for patients with whiskers using a traditional mask technique.

After preoxygenation and intravenous induction, a clear intravenous site dressing (*i.e.*, Tegaderm 10 cm × 12 cm; 3M Health Care, St. Paul, MN) is placed over the patient's mouth and facial hair, as illustrated in figure 1. The size of the transparent dressing should be larger than the hairy area covered by the face mask. An opening has been made in the center of the film that allows it to adhere lightly to the glabrous area around the lips (the nostrils also may be uncovered). An oral airway may be placed if needed to treat obstruction. We have found that this eliminates the leaks associated with positive-pressure ventilation and facilitates mask ventilation *en route* to endotracheal intubation. We have not found that this dressing sticks to the endotracheal tube, oral airway, or other devices used during the anesthetic. The dressing may be left in place until the end of the surgical procedure and is removed easily.

Joel O. Johnson, M.D., Ph.D.
Associate Professor of Anesthesiology
University of Missouri
Columbia, Missouri
johnsonjo@missouri.edu
James A. Bradway, M.D.
Assistant Professor of Anesthesiology
University of Utah
Salt Lake City, Utah
Todd Blood, M.D.
Staff Anesthesiologist
Cottonwood Hospital
Salt Lake City, Utah

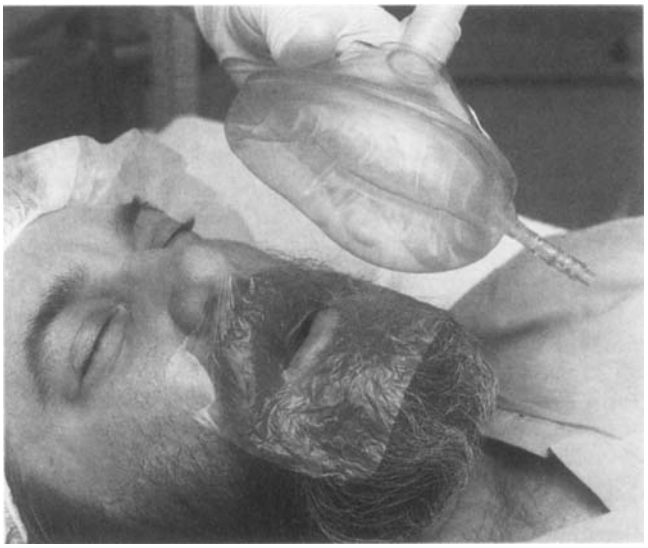

Fig. 1. In this simulation using one of the authors (J.A.B.), the transparent dressing covers the hairy area contacted by the face mask.

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