Beards and airway complications

Editor—We note with interest in the report of NAP4 that serious airway difficulties were encountered more frequently with male patients, but are left wondering about the extent to which beards contributed to this sex difference. NAP4 undoubtedly helps us to shave risks: should it encourage us to shave chins?

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Reply from the authors

Editor—We thank Drs Davies and Bonnett for their interest in the work of the NAP4 project team. Patients with beards are recognized to have an increased risk of difficult mask ventilation. Male patients are also recognized to be at increased risk of both difficult mask ventilation and difficult laryngoscopy.

NAP4 identified an excess of males in reported cases of major airway complications: 67% of all patients reported to NAP4, 62% of anaesthesia reports, and 58% of the cohort in intensive care units were male. We did not enquire about facial hair for all reported cases; however, regarding mask ventilation, we asked if this was difficult and if it was whether the cause was a beard interfering with mask seal. Of 131 anaesthesia reports which answered the question about mask ventilation, 77 (59%) reported that it was difficult. In only two cases was this reported to be due to a beard preventing a good seal. These two cases were (i) a case of aspiration likely due to light anaesthesia in an obese patient managed with a laryngeal mask and (ii) post-operative airway obstruction in an obese patient emerging from laryngeal mask anaesthesia for perineal surgery. There were therefore no cases reported to NAP4 where the primary airway event arose from difficult mask ventilation caused by a beard.

The male gender appears to increase the risk of difficult mask ventilation, difficult laryngoscopy, and major airway complications. Having a beard also appears to increase the risk of difficult mask ventilation and perhaps difficult laryngoscopy. However, on the basis of NAP4, we conclude that it is not beardedness per se that leads to most major airway complications in males.

Conflict of interest

None declared.

Factors contributing to successful incident reporting in anaesthesia

Editor—We read with interest the article by Haller and colleagues on the factors associated with incident reporting in anaesthesia. We developed a highly successful personal digital assistant-(PDA)-based anaesthesia incident reporting system, which led to 97% incident reporting with 44% “near miss” incident reporting. We attributed the success of our system to several factors not mentioned, or measured, by Haller’s group. These included a supportive environment in which incident reporting was valued as an ethical accomplishment, the use of mobile computing technology,