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Title: Second Year of Bezmialem Vakif University pediatric pulmonology bronchoscopy unit: Anesthesia and laryngeal mask airway experiences

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Body: Introduction: Fiberoptic flexible bronchoscopy (FOB) has a widespread indication after a variety chronic respiratory disorders. Consequently the patient profile includes severe respiratory problems and even intubated patients. FOB procedure, anesthesia, and observational phases are tailor made for every individuals. Laryngeal mask airway (LMA) use at the pediatric FOB procedure in case of a necessity has many advantages. Aim: To present our experiences with anesthesia and LMA. Method: 615 cases between February 2011 and January 2013 evaluated. Findings: First 257 case were performed without the staff anesthetist support. Between December 2011 and January 2013, 358 case performed with the staff anesthetist support. At the Initial 16 cases with staff anesthetist; patients were sedated and upper airway structures examined via nasal FOB afterward sedation deepened and FOB performed via LMA. Since LMA instrumentation requires deep sedation, consequently at remaining 342 cases, FOB started and completed with nasal access under moderate sedation (n:262) and in case of a necessity procedure completed via LMA (n:80). LMA indications were; desaturation 9%, delayed procedure 6%, smaller size and weight of the patient for bronchoscopy 5%, viscous mucus secretions % 5, intubated patients 3%, tracheostomised patients 1%. Conclusion: We conclude that during pediatric FOB procedure presence and support of staff anesthetist; starting and completing nasal FOB and in case of a necessity the use of LMA seems to be most comfortable and advantageous way.