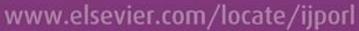
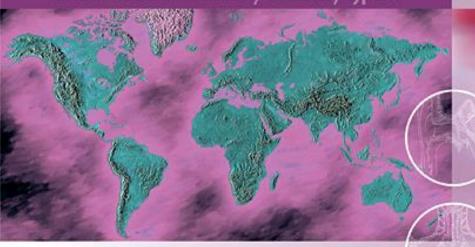


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Portable, non-powered, suction-generating device for management of lifethreatening aerodigestive tract foreign bodies: Novel prototype and literature review

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Abstract

Objective

To present a novel approach for the emergent, pre-hospital management of life-threatening aerodigestive tract foreign body aspiration using a portable, non-powered, suction-generating device (PNSD), in the context of a literature review of emergent pre-hospital management of patients with foreign body airway obstruction.

Methods

The PubMed and MEDLINE databases were comprehensively screened using broad search terms. A literature review of pre-hospital management and resuscitative techniques of foreign body airway obstruction was performed. Further, independent measurements of PNSD pressure generation were obtained. Application of a PNSD in cadaveric and simulation models were reviewed. A comparative analysis between a PNSD and other resuscitative techniques was performed.

Results

Physiologic data from adult and pediatric human, non-human, and simulation studies show pressure generation ranging from 5.4 to 179 cm H₂O using well-established resuscitative maneuvers. Laboratory testing demonstrated that a protypic PNSD demonstrated peak airway pressures of 434.23 ± 12.35 cm H₂O. A simulation study of a PNSD demonstrated 94% reliability in retrieving airway foreign body, while a similar cadaveric study demonstrated 98% reliability, with both studies approaching 100% success rate after multiple attempts. Several case reports have also shown successful application of PNSD in the emergent management of airway foreign body in elderly and disabled patients.

Conclusion

PNSDs may play an important role in the emergent, non-operative, pre-hospital management of upper aerodigestive tract foreign body aspiration, particularly in settings and populations with high choking risk. Further characterization of effectiveness and safety in larger cadaveric or simulation studies mimicking physiologic conditions is indicated.