Survey Title:
Laryngeal topicalization with lignocaine. A survey of practice amongst paediatric anaesthetists.

Survey Authors:
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Brief Description of Purpose:
Applying topical laryngeal lignocaine is a frequently used technique, often used to prevent coughing or other adverse respiratory events. Common practice is to keep a child nil by mouth post topicalization to prevent against aspiration. However, lack of evidence exists as to the duration to which airway reflexes are obtunded, and before oral intake can be recommenced. In addition, a recent large observational audit\(^1\) of patients undergoing endotracheal intubation without neuromuscular blocking agents, found a higher incidence of desaturation amongst patients receiving topicalization compared with those who did not, with no difference in laryngospasm or coughing rates. This survey aims to look at the practice of using lignocaine to topicalize the larynx amongst paediatric anaesthetists in the UK. The questions we would like answered are:
- How common is the practice of topicalizing the larynx with lignocaine?
- What are the indications?
- How long are children being kept nil by mouth following lignocaine topicalization? Is there a consensus amongst paediatric anaesthetists as to the optimum duration?
- Is this duration altered by any factors such as age or weight of the child or dose used?
- What is the reported incidence of severe coughing, laryngospasm and desaturation amongst paediatric anaesthetists?
- Are there any cases of major complications such as aspiration or lignocaine toxicity?

Method
On-line survey to all APAGBI members.

Reference