



## The use of foley catheter as a pharyngeal pack in maxillofacial surgery

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### ABSTRACT

Parapharyngeal packing during Maxillofacial surgery prevents passing blood and liquids into stomach. The use of cotton pack has some disadvantages like missing and retained pack at the end of surgery. Foley catheter is a good substitute for that.

**Keywords:** Maxillofacial surgery; Parapharyngeal packing; Foley catheter.

### Introduction

Throat packing is used routinely in many maxillofacial operations as nose and oral surgery. The goals of it are to prevent aspiration and passage blood, saliva and irrigation liquids into stomach and provoking postoperative nausea and vomiting [1]. They are also inserted, although less commonly, to stabilize an artificial airway, particularly in children, to reduce a-leak around an uncuffed tracheal tube [2].

For this purpose a moisturized gauze is used. Depend on type of surgery it put by surgeon or anesthesiologist. In maxillofacial surgery it usually be sited and removed by the surgeon. It has some disadvantages as retained or missing pack and interfere with surgical field. Retained pack is

a catastrophic complication that can life-threatening especially in patients with maxillomandibular fixation (MMF) [3]. Prevent it the U.K. National Patient Safety Agency (NPSA) proposed a guideline in 2009 to Reducing the risk of retained throat packs after surgery [2]. The guidelines recommended at least one visual aid (such as labeling the patient or their airway, attaching the pack to the airway, or having a portion protruding from the mouth) and at least one documented piece of evidence (such as writing on the operating white board).

Nevertheless, the risk of pack missing or retained increases with factors like distractions, emergencies, change in staff, need for additional airway packing and unexpected rapid recovery at extubation. Here we present a simple replacement method for conventional pack. The use of Foley catheter can pack oropharynx without disadvantages that maybe occur with conventional gauze packs. Before placing the catheter, it should be marked about 3 centimeters shorter than tracheal tube (Fig. 1). The catheter is inserted via nose or mouth depend on type of surgery and is inflated with 10-12ml air just above the epiglottis (Fig. 2: a,b). At the end of operation, surgeon can remove it simply even if the patient has MMF. The rate of sore throat and dysphagia after using this type of pack in comparison to gauze pack needs more study in the future.



Fig. 1. Foley catheter should be marked before use.

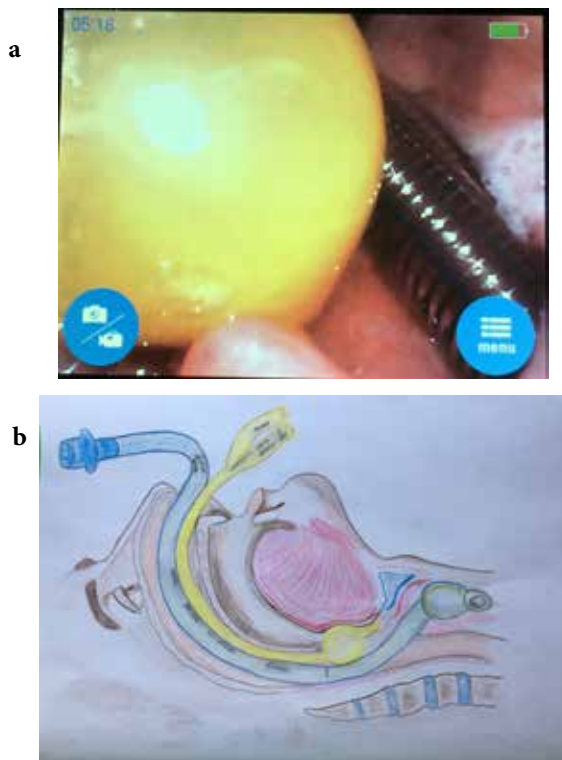


Fig. 2. The balloon is inflated just above epiglottis a) video-laryngoscope view b) schematic view.

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## Conflict of Interest

There is no conflict of interest to declare.

## References

- [1] Sexton J, Dohlman L. Benefits of the pharyngeal pack J Oral Maxillofac Surg. 1989 Aug; 47(8):891.
- [2] Athanassoglou V, Patel A, McGuire B, et al. Systematic review of benefits or harms of routine anaesthetist-inserted throat packs in adults: practice recommendations for inserting and counting-throat packs. Anaesthesia 2018; 73:612–8.
- [3] To EW, Tsang WM, Yiu F, Chan M. A missing throat pack. Anesthesia. 2001; 56:383–4.

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