

02. MÄRZ 2026

FONA

Front of Neck Access

*Ist selten, ist lebensrettend, ist eine **Entscheidung***

Norbert Aeppli



[HTTPS://WWW.YOUTUBE.COM/WATCH?V=1IPRRZO26EI&T=65S](https://www.youtube.com/watch?v=1IPRRZO26EI&t=65s)



Surgical Airway (Cricothyrotomy) Performed by Ram Parekh

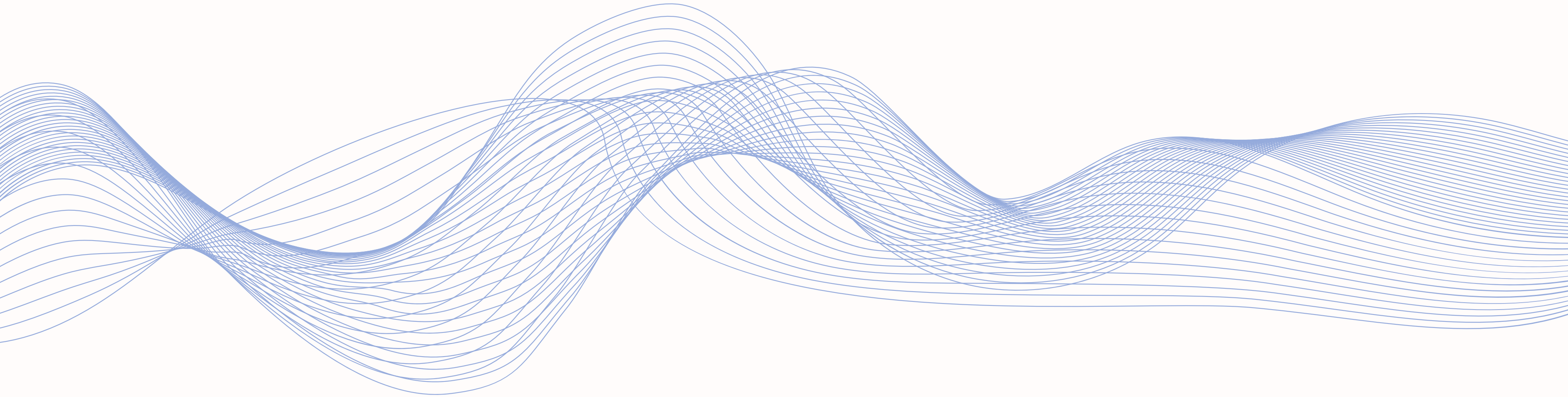


Copy link



Watch on  YouTube

Was besprechen wir heute?



SCALPEL CRIC

TECHNIK

PROBLEM

MENTAL

PRAXIS



NAP4 Major Complications of Airway Management in the United Kingdom

FACTS



~2.9 million General Anaesthetics are given per year in the UK

184 adverse incidents reported
Inclusion criteria: death, eFONA, unexpected ICU admission, prolonged ICU stay

AIRWAY MANAGEMENT

5% Face Mask
56% Supraglottic Airway
38% Tracheal Tube



Life-threatening Airway Complications occur in
1:20,000 GA's
(Death rate 1:180,000 as a result of Airway Complications)

TIMING

28% of events occur at emergence

1/4 of events occurred in the ED or in ICU

39% of patients had underlying airway pathology

Obese patients represented **2x** the normal population in NAP 4

LEARNING POINTS

Poor airway assessment leads to
Poor planning leading to
Poor outcomes

Causes of problems included...

- MULTIPLE ATTEMPTS at intubation
- INAPPROPRIATE use of SADs
- AFOI indicated but NOT PERFORMED

CAPNOGRAPHY

Lack of capnography contributed to **70% of ICU deaths**

Failure to interpret capnography

↓
Delayed recognition of oesophageal intubation

Displaced tracheostomies

were the predominant cause of morbidity & mortality in ITU

Cricothyroidotomy success rate

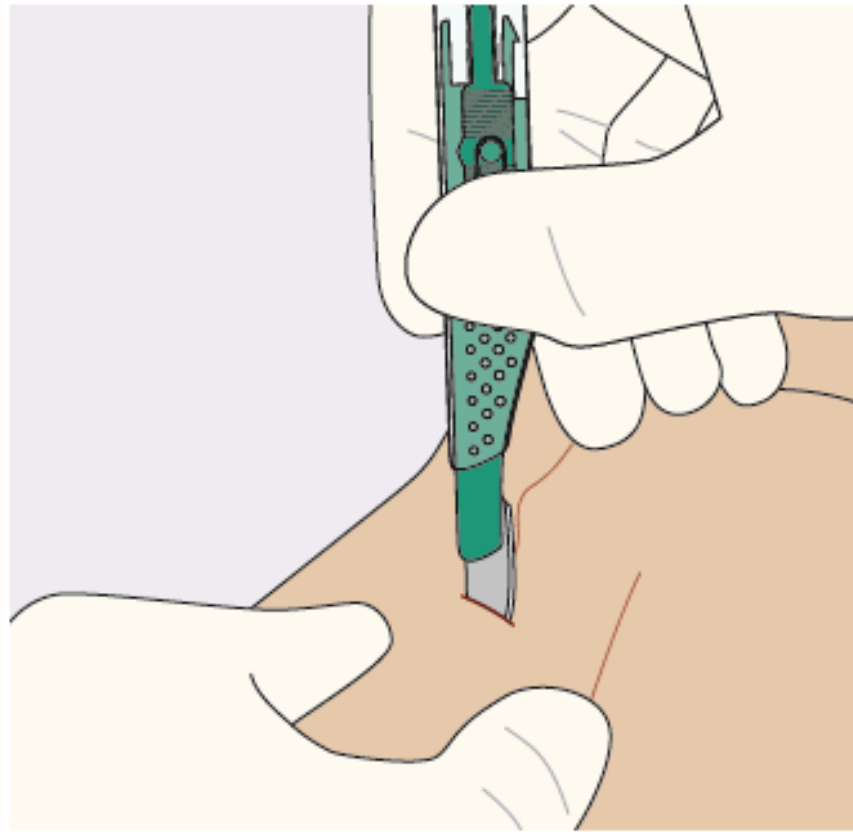
Needle 40% Scalpel almost 100%

Scalpel Cric

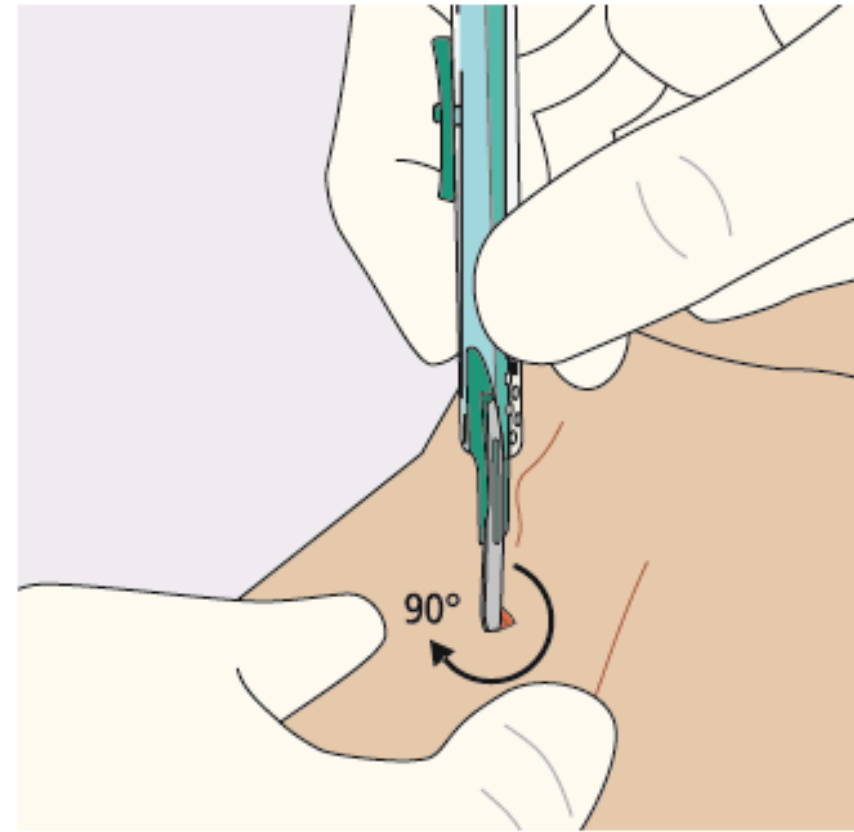
Unser Material im Airwaywagen:

Skalpel
Bougie
Tubus

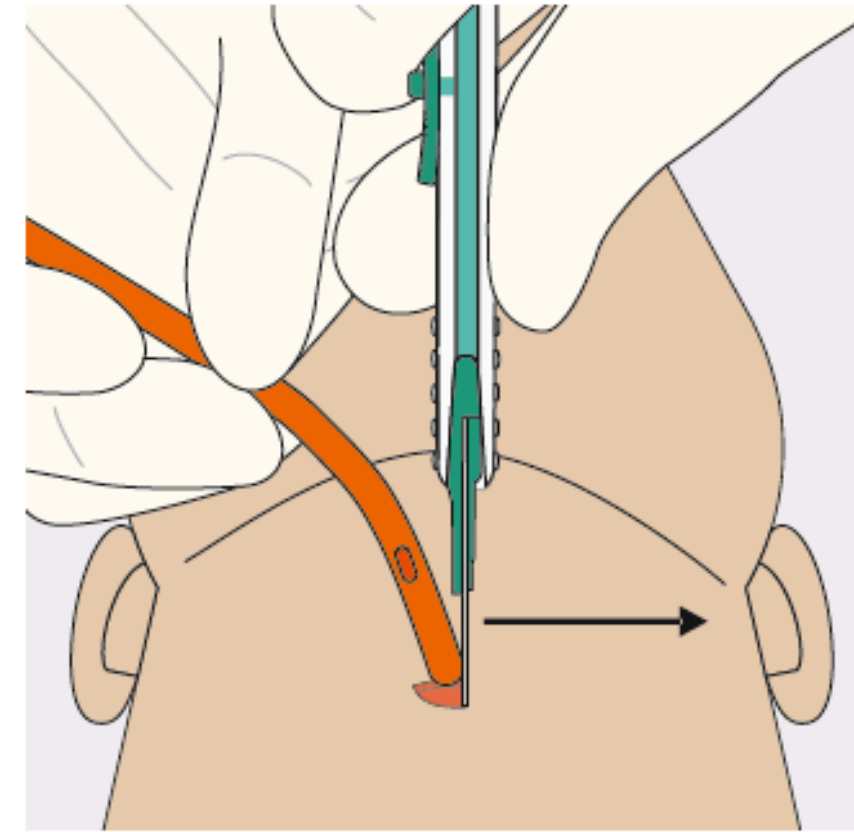




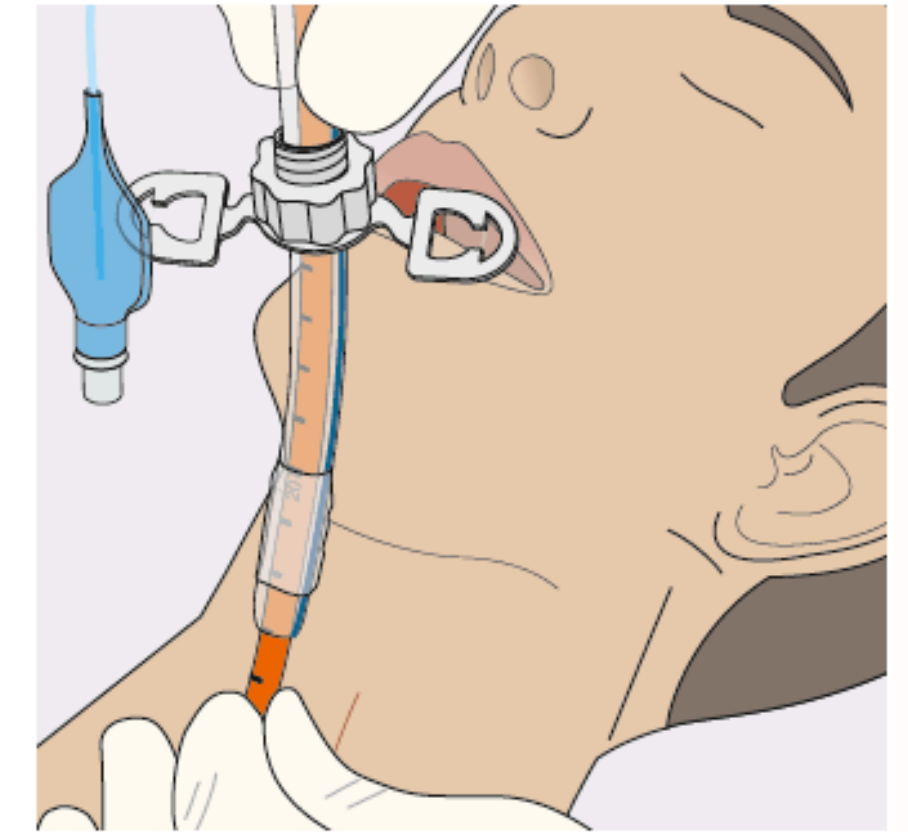
1. Stichinzision



2. Drehung



3. Bougie



4. Tubus

“Alte” Variante

Scalpel cricothyroidotomy

Equipment: 1. Scalpel (number 10 blade)
2. Bougie
3. Tube (cuffed 6.0mm ID)

Laryngeal handshake to identify cricothyroid membrane

Palpable cricothyroid membrane

Transverse stab incision through cricothyroid membrane
Turn blade through 90° (sharp edge caudally)
Slide coude tip of bougie along blade into trachea
Railroad lubricated 6.0mm cuffed tracheal tube into trachea
Ventilate, inflate cuff and confirm position with capnography
Secure tube

Impalpable cricothyroid membrane

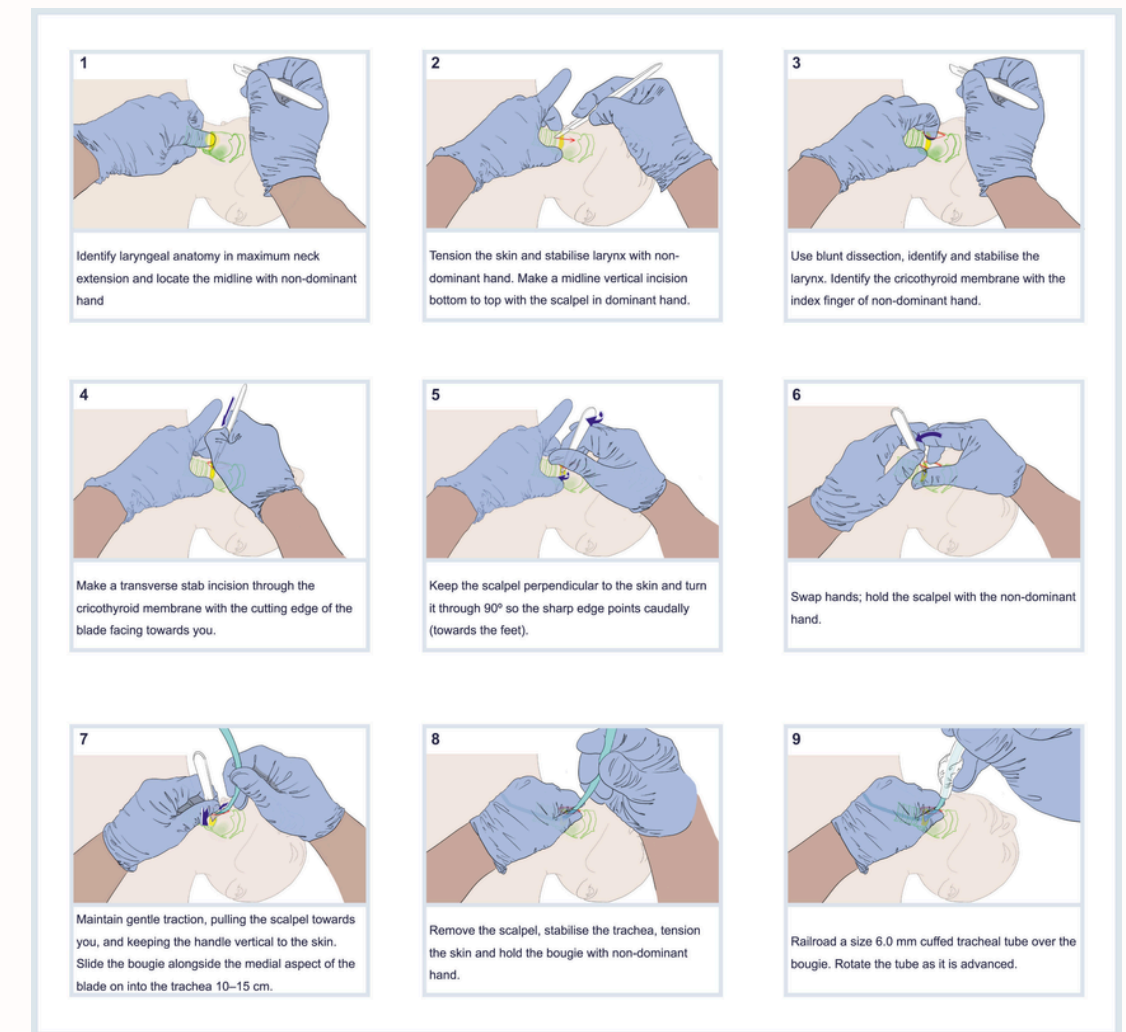
Make an 8-10cm vertical skin incision, caudad to cephalad
Use blunt dissection with fingers of both hands to separate tissues
Identify and stabilise the larynx
Proceed with technique for palpable cricothyroid membrane as above

TECHNIK

TECHNIK

“neue” Variante

- Keine horizontale Stichinzision initial
- Zuerst vertikaler Schnitt, dann Identifikation Ligament, dann horizontale Stichinzision



BJA

British Journal of Anaesthesia, 136 (1): 283–307 (2026)








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Advance Access Publication Date: 7 November 2025

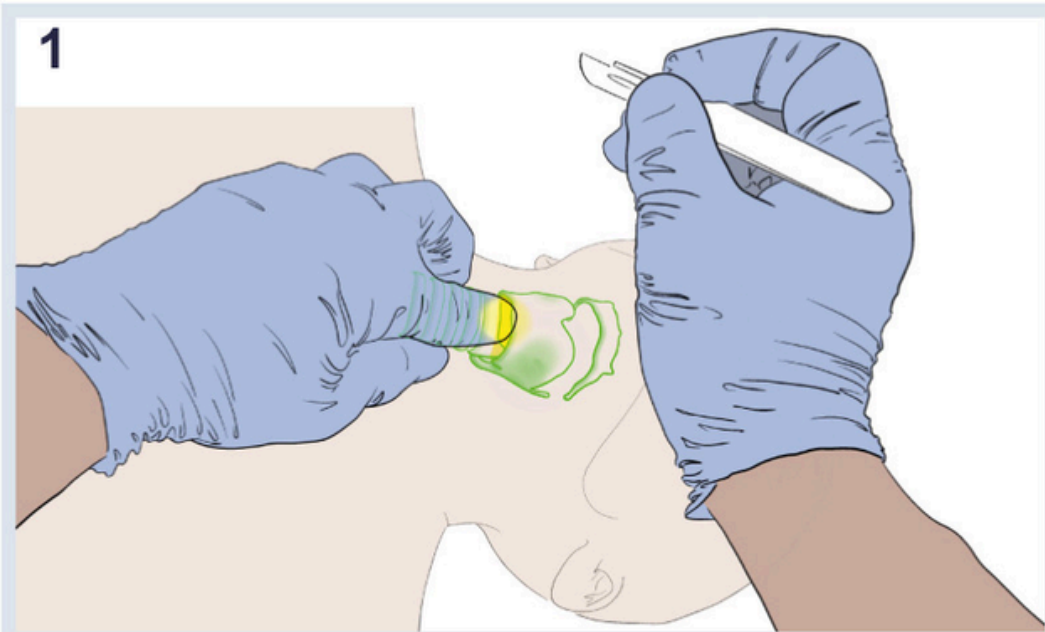
Special Article

RESPIRATION AND THE AIRWAY

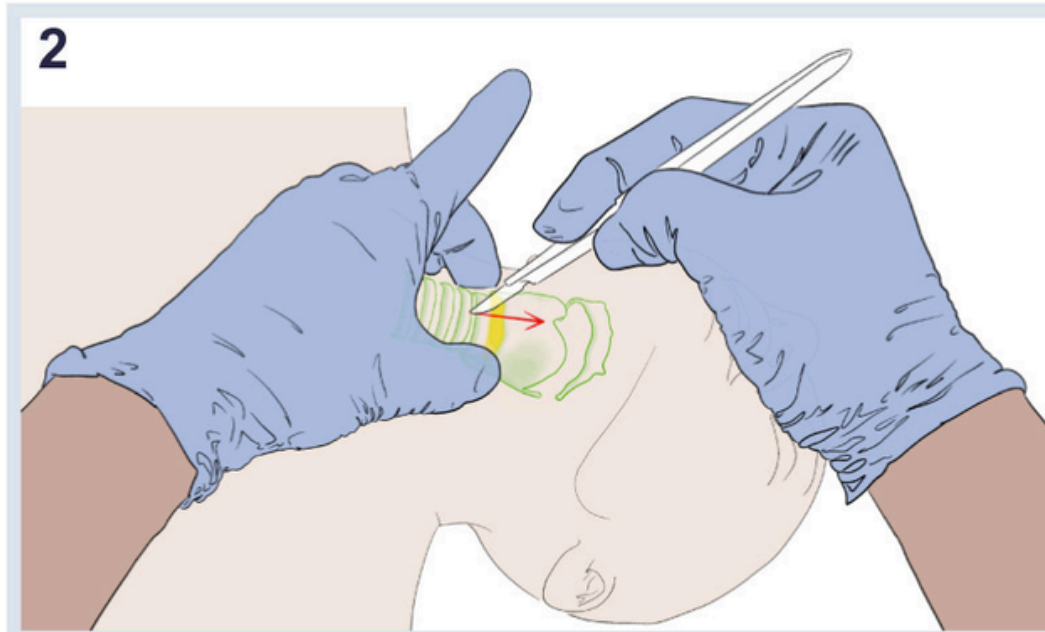
Difficult Airway Society 2025 guidelines for management of unanticipated difficult tracheal intubation in adults

Imran Ahmad^{1,2,*}, Kariem El-Boghdadly^{1,2}, Helen Iliff³, Gunjeet Dua¹, Andy Higgs⁴, Mike Huntington⁵, Fauzia Mir⁶, S. A. Reza Nouraei^{7,12}, Ellen P. O'Sullivan⁸, Anil Patel⁹, Kate Rivett¹⁰ and Alistair F. McNarry¹¹

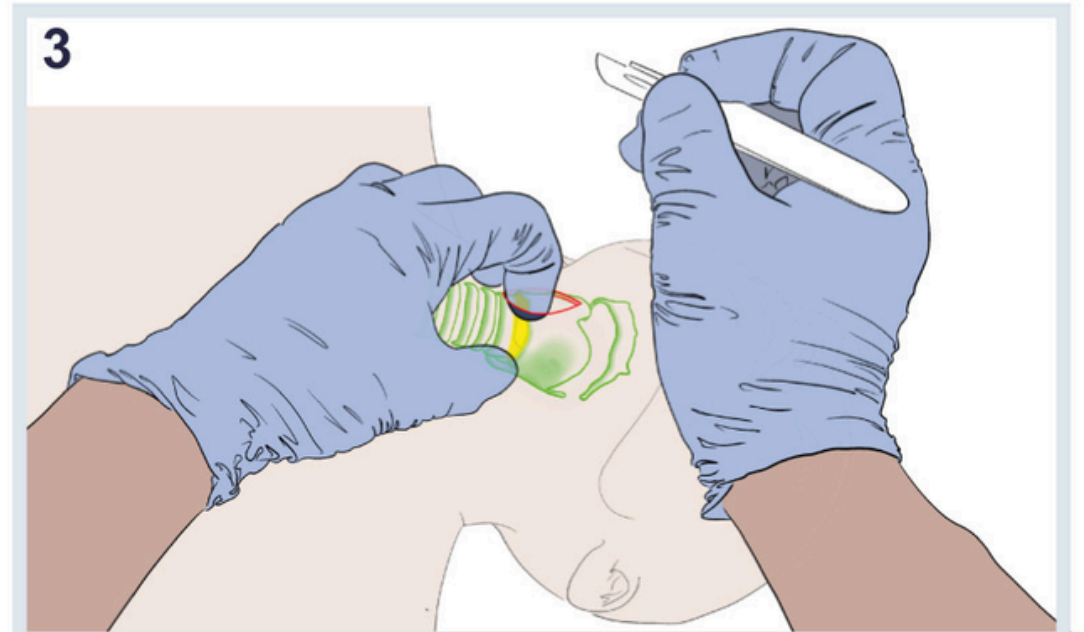
<https://www.bjanaesthesia.org.uk/article/S0007-0912%2825%2900693-2/fulltext>



Identify laryngeal anatomy in maximum neck extension and locate the midline with non-dominant hand

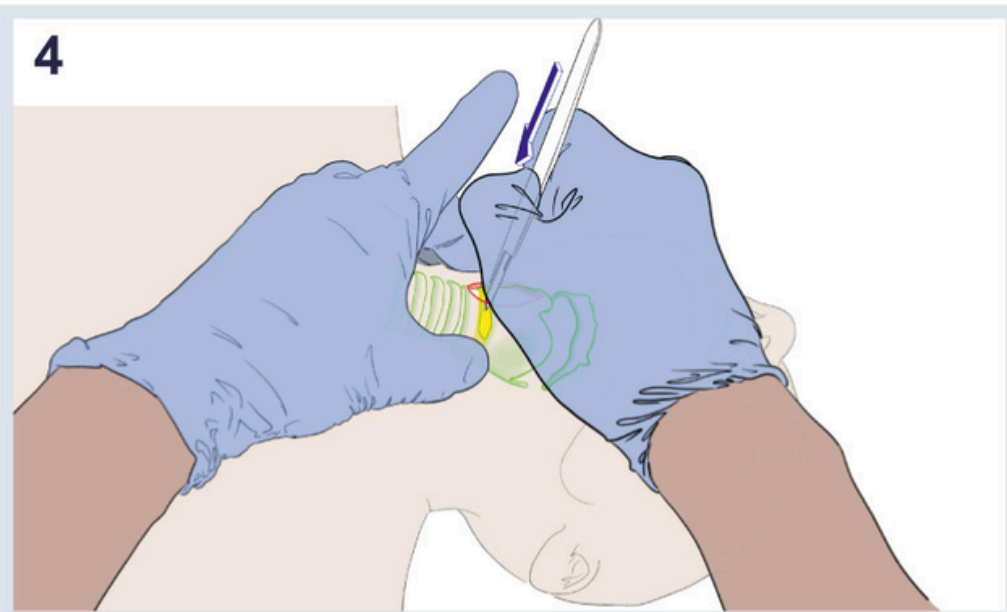


Tension the skin and stabilise larynx with non-dominant hand. Make a midline vertical incision bottom to top with the scalpel in dominant hand.

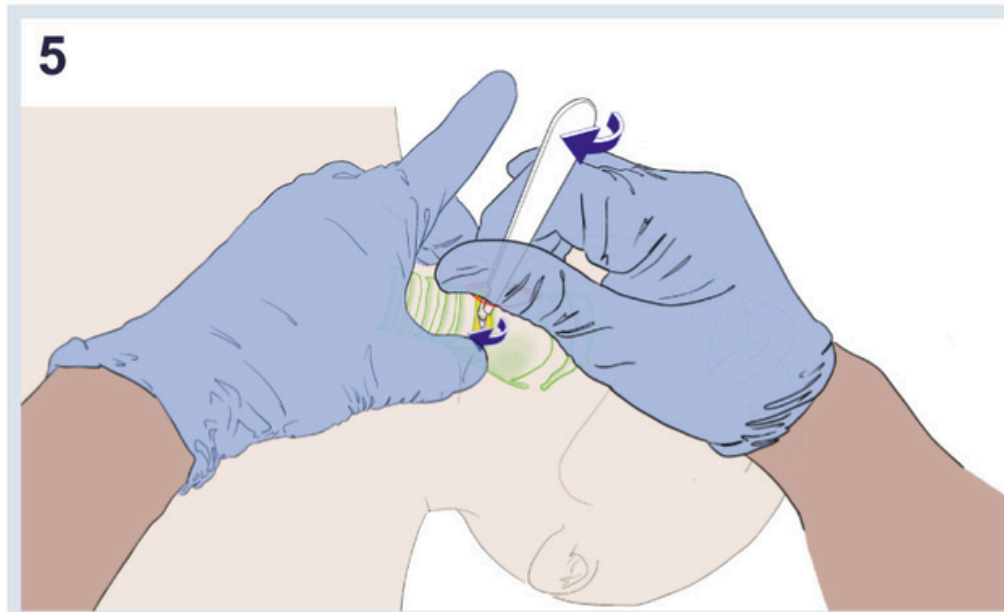


Use blunt dissection, identify and stabilise the larynx. Identify the cricothyroid membrane with the index finger of non-dominant hand.

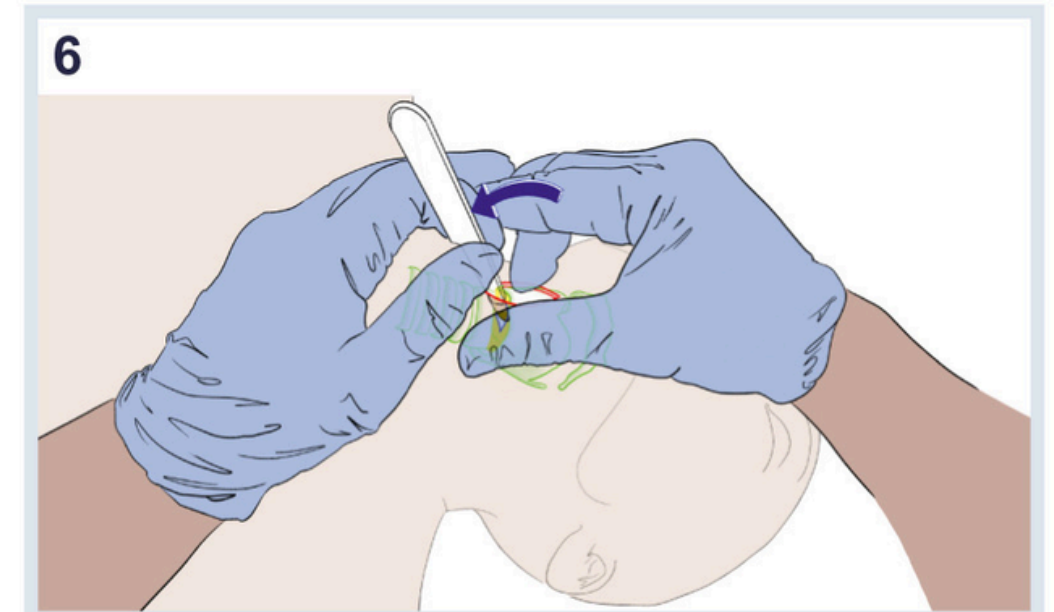
“neue” Variante **TECHNIK**



Make a transverse stab incision through the cricothyroid membrane with the cutting edge of the blade facing towards you.

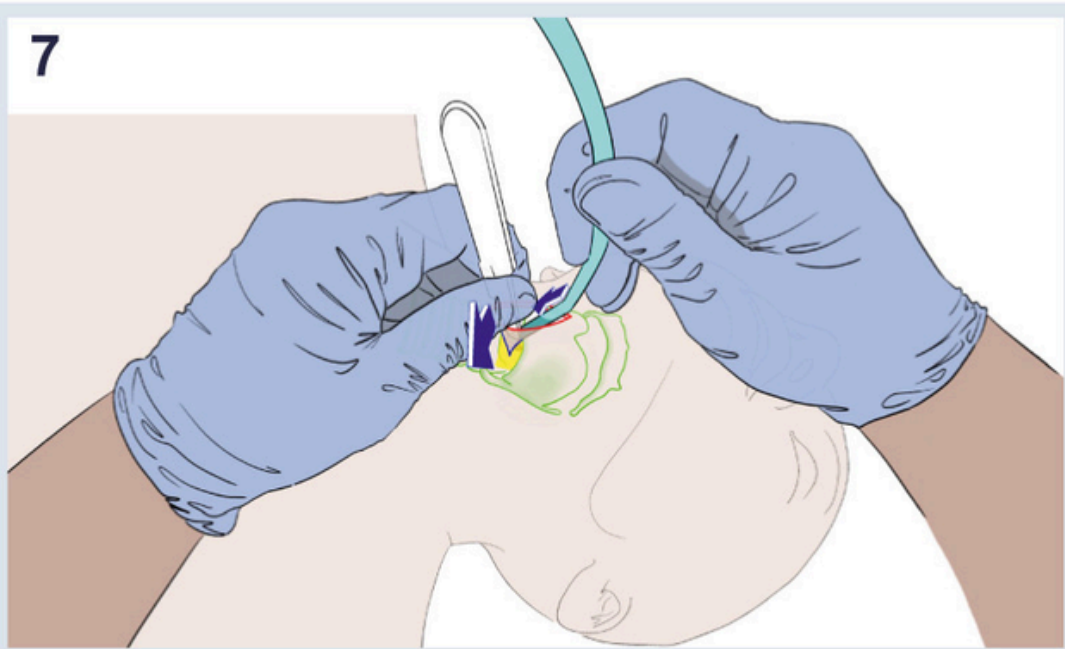


Keep the scalpel perpendicular to the skin and turn it through 90° so the sharp edge points caudally (towards the feet).

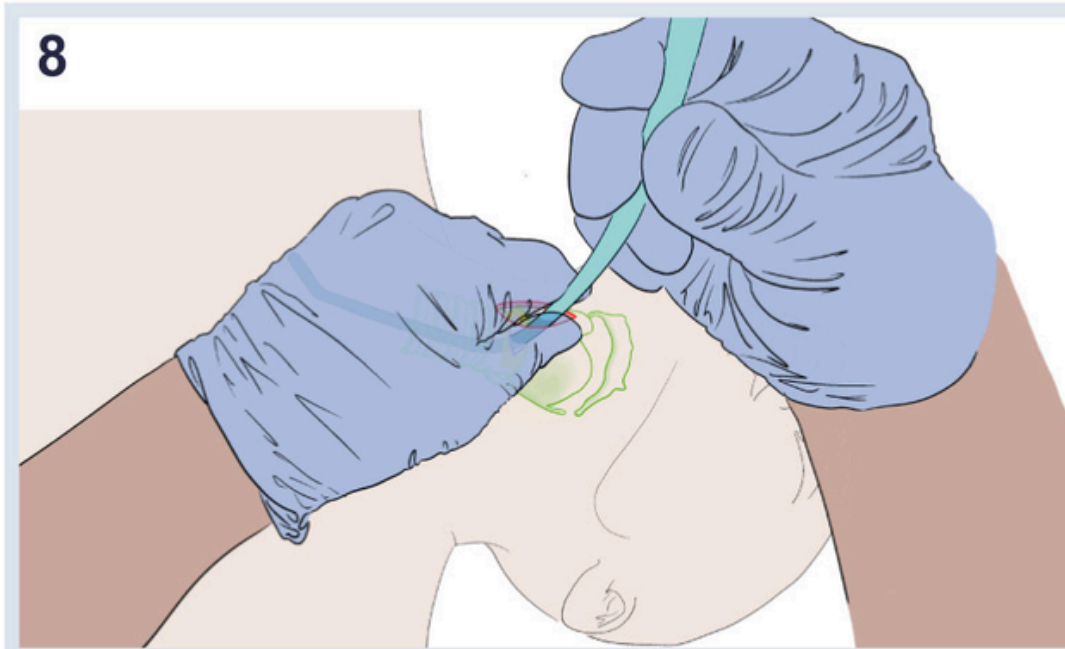


Swap hands; hold the scalpel with the non-dominant hand.

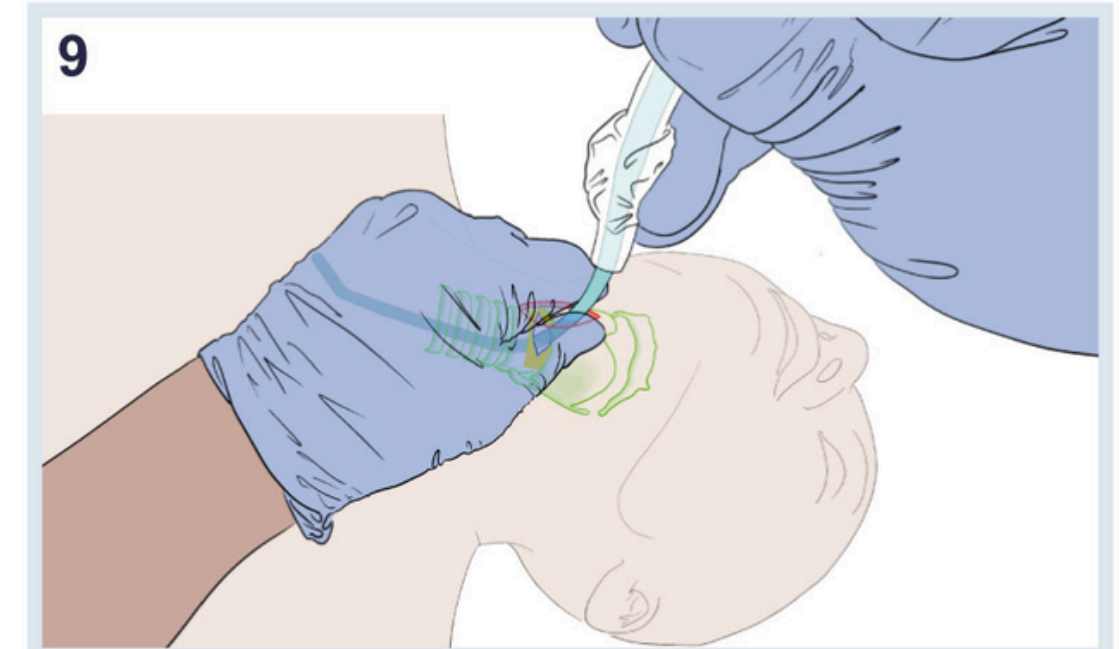
“neue” Variante **TECHNIK**



7
Maintain gentle traction, pulling the scalpel towards you, and keeping the handle vertical to the skin. Slide the bougie alongside the medial aspect of the blade on into the trachea 10–15 cm.



8
Remove the scalpel, stabilise the trachea, tension the skin and hold the bougie with non-dominant hand.



9
Railroad a size 6.0 mm cuffed tracheal tube over the bougie. Rotate the tube as it is advanced.

“neue” Variante **TECHNIK**

Verschiedene Eskalationsstufen

FONA Readiness



FONA READINESS

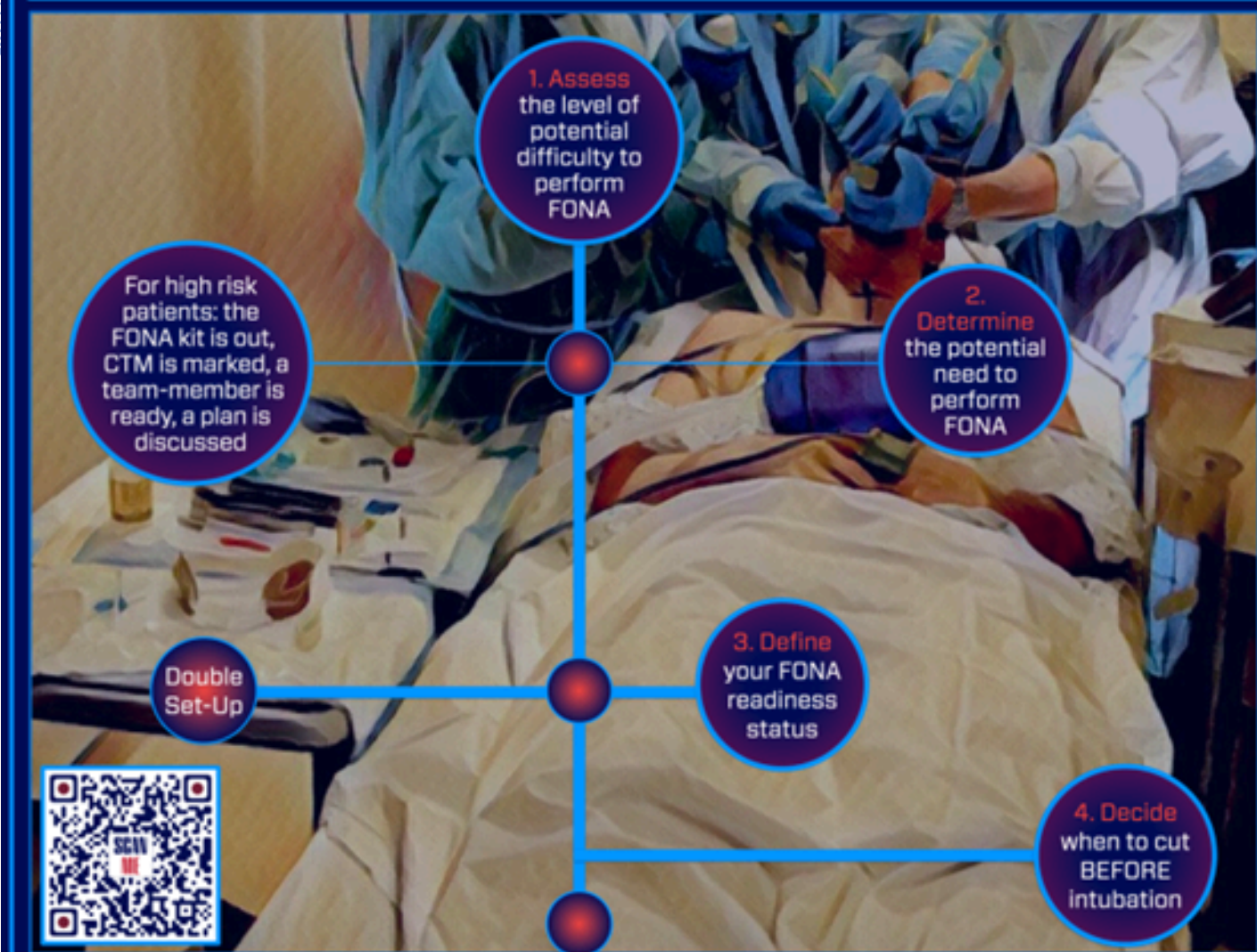
THE REAL WORLD IMPLEMENTATION OF YOUR FONA PLAN

"I believe that most of the morbidity and mortality seen in emergency airway management could be avoided by an earlier transition to surgical airway access." — John C Sakles MD

LOW: A FONA KIT IS NEARBY

MEDIUM: NECK MARKED & KIT BEDSIDE

HIGH: SKIN PREPPED, KIT OPEN, SCALPEL IN HAND



Problem

Wird häufig zu spät durchgeführt

WARUM?

- wegen Entscheidungsunsicherheit
- Wegen Stress
- Wegen Teamdynamik

MENTAL

Die Intervention ist einfach – schwierig ist das Mentale

The Protected Airway Collaborative

FONA ist kein Versagen

FONA ist ein proaktiver Schritt

FONA soll mental vorbereitet sein

Die Entscheidung ist wichtiger als die Technik

000 FFM CRITICAL LEARNING

FEARLESS FONA

CULTIVATE A MINDSET THAT WILL HELP YOU MAKE THE CUT

4 Elements of a Fearless FONA Mindset

- 1 Human Factors
- 2 Simplicity
- 3 Planning
- 4 Practice

SCAN ME

KOMMUNIKATION

A decorative graphic consisting of numerous thin, light blue lines that flow and wave across the page, creating a sense of movement and depth. The lines are more densely packed in some areas, creating a mesh-like effect, and more sparse in others, giving it a fluid, organic appearance.

Klare Kommunikation

- “Stop – wir können nicht intubieren und nicht oxygenieren – wir machen jetzt eine Koniotomie”
- klare, laute Ansagen, Closed Loop, Benennen der Situation
- FONA braucht Führung

Critical care paramedics' experiences of performing an emergency scalpel cricothyroidotomy: a qualitative study

Kernaussagen

- 9 befragte Personen, welche Intervention gemacht haben
- grösste mentale Hürde war der erste Schritt
- es hat deutlich mehr geblutet als erwartet (als in den Simulationen)
- Gefühl von Isolation während Intervention (emotional belastend)
- Training von Interventions-Komplikationen nötig

MENTAL

Die Intervention ist einfach – schwierig ist das Mentale

Fearless FONA Mindset

Human Factors

Simplicity

Planing

Practice

000 FFM CRITICAL LEARNING

FEARLESS FONA

CULTIVATE A MINDSET THAT WILL HELP YOU MAKE THE CUT

The infographic illustrates the '4 Elements of a Fearless FONA Mindset' in a circular arrangement around a central hub. The central hub features a stylized human figure with a brain, surrounded by the text 'FEARLESS FONA MINDSET'. The four elements are: 1. Human Factors (top), 2. Simplicity (left), 3. Planning (right), and 4. Practice (bottom). A QR code is located at the bottom center, with the text 'SCAN ME' below it. The background is dark blue with a faint, stylized red dragon or phoenix graphic.

4 Elements of a Fearless FONA Mindset

1 Human Factors

2 Simplicity

3 Planning

4 Practice

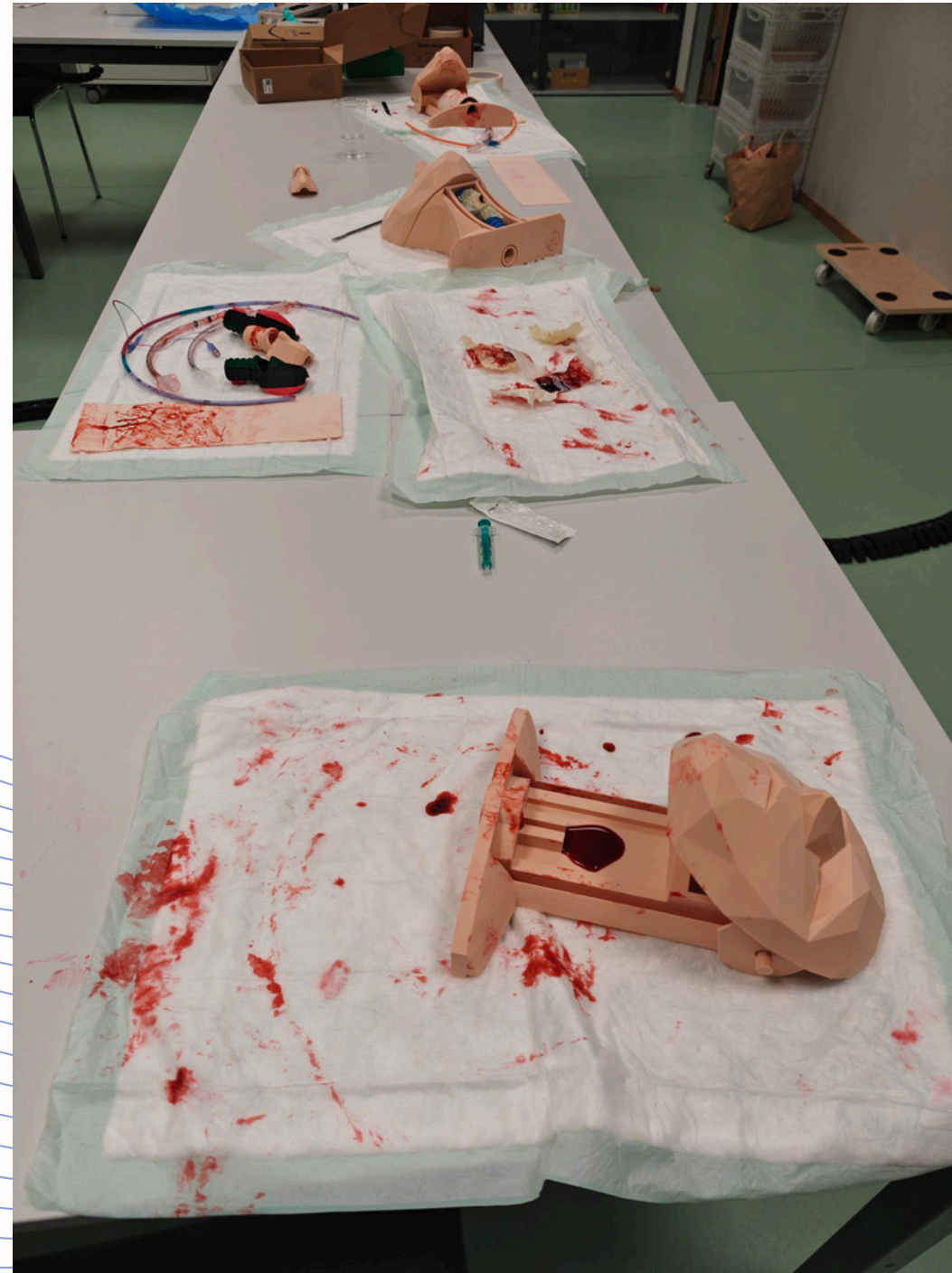
SCAN ME

Häufigkeit

Es kommt sehr selten vor, 1:20'000 bis 1:50'000 findet man in der Literatur
"Soll man überhaupt noch den Ausbildungs- und Praxisaufwand betreiben?"

- Ganz klar ja
- FONA ist wie
 - der Sicherheitsgurt oder der Airbag im Auto
 - die Feuerlöschdecke in der Küche
 - der Not-Aus Schalter an der Werkmaschine
 - der Reserveschirm beim Fallschirmspringen

JETZT ÜBEN WIR



Merci fürs Zuhören

Nachtrag

Was wir nicht besprochen haben

- Ausreichende Relaxation zwingend
- Möglichkeit des Einsatz von Ultraschall um das Ligament zu identifizieren

