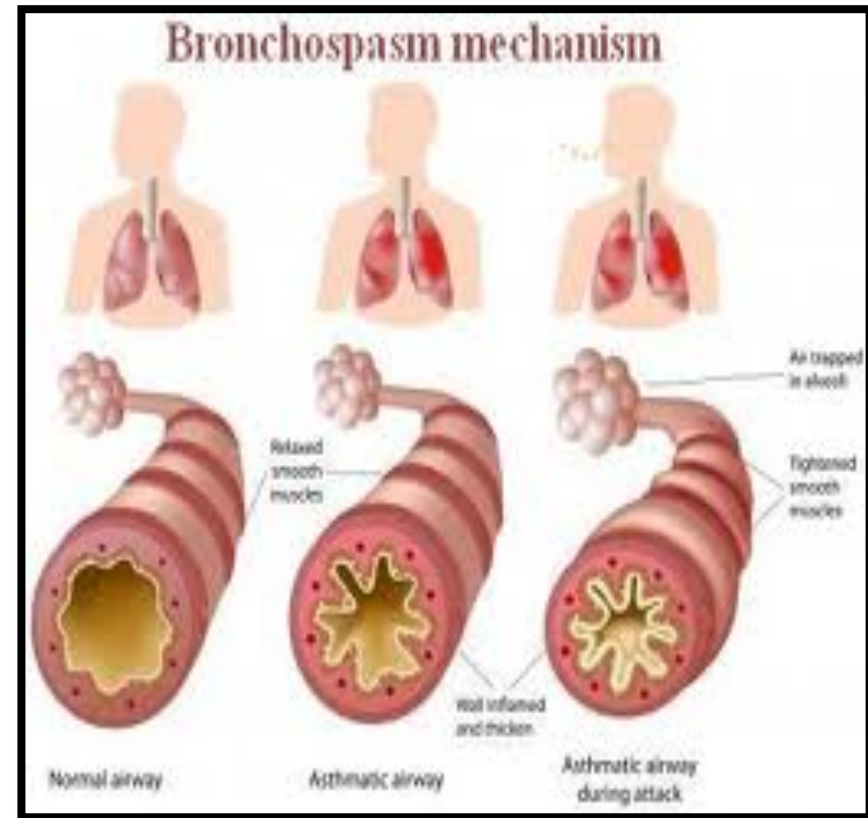


# Bronchospasm

- An excessive and prolonged contraction of the smooth muscle of the bronchi and bronchioles, resulting in an acute narrowing and obstruction of the airway
- The contractions may be localized or general.
- The contractions may be caused by irritation / injury to the respiratory mucosa, infections, or allergies



# Preoperative Considerations

- Recent URI increase airway reactivity
- Asthmatics and smokers are at greater risk for perioperative bronchospasm
- Consider delaying surgery or treating preop with medneb

# Manifestation

- Wheezing
- Increased peak airway pressures
- Decreased exhaled tidal volume
- Slow rising wave form on capnograph
- Desaturation

# Differential

1. Obstruction of the ET tube from kinking, secretions, or overinflated balloon
2. Endobronchial intubation
3. Active expiratory efforts
4. Pulmonary edema / embolism
5. Pneumothorax

# Treatment

- Increase oxygen to 100%
- Consider manual bag ventilation
- Deepen anesthesia (inhaled anesthetic)
- Administer inhaled B2 agonist agents
- Administer epinephrine if severe
- Consider systemic steroids
  - anti-inflammatory effect is not immediate