Preface

And now, by all the words the preacher saith,
I know that time, for me, is but a breath,
And all of living but a passing sigh,
A little wind that stirs the calm of death.
—Hakim Omar Khayam (1048–1131 CE)

I am reproducing the above couplet from our article entitled. "Contribution of medieval Islamic physicians to the history of tracheostomy," Anesth Analg 2013; 116:1123–32 with permission as it conveys the gist of our book, *Airway Management*.

When I received the first formal invitation from the publisher to edit a book, I plunged in to reminiscences of the past when I wrote a romantic story, "Angel at midnight." That I could manage all by myself and got published. But this time, things were altogether different. I put the e-mail on the shelf for the interim. Later, I cudgelled my brains to real task. I have read books edited by single authors and those where there were more than one contributor. Undoubtedly, the latter could attract considerable attention. After having chosen *Airway management* as the title for the book, my next step was to invite contributors whom I knew and whom I decidedly thought had a colossal experience and expertise in the sub-titles that I was interested in. You can well imagine the thought and mental ingenuity spent on this work. After having completed the list of topics, the publisher and myself started sending invitations to friends and colleagues. In the beginning the response was abysmally low but divine elements conspired me to keep up the struggle and tempo. Later, the influx of authors increased and everything went in tandem with my coveted and cherished goals, and it appeared that the ears were attuned to the sounds of my supplication. When everything worked as planned and when I started writing the preface for the book, I exhaled as if I had shed the final responsibility from my soul. I contented myself by resolutely and inflexibly adhering to my last homework, i.e., preparing and writing the preface.

I was weighed down with great anxiety as the time of submitting the entire book became nearer and nearer. This was but natural, because if there was a comma out of place, I was accountable for it.

I had registered a vow that I should deliver my soul upon the book and now when the book is reaching its final stages of completion, I get the solace that my struggle has been rewarded.

I honestly believe that we cannot understand everything at once and we cannot begin directly from perfection. We must first of all fail to understand a great many things.

That is a subtle divine law and a code of life. We should not harness the idea that all and everything that has been said and written about *Airway Management* could be done neither otherwise nor better. Science is not stationary and static. It is in an evolving state and this subtle fact remains in my failing memory as an indelible sign. The final word about airway and its management is yet to come. We, as the contributors of this book, would cede our place to others. That is how life goes on.

I believe in this axiom that the little things are infinitely the most important. The human airway had been the darkest Africa for me; there are many things about it that I do not know. More than a decade back, I thought that the architecture of the teeth and the temporo-mandibular joint played pivotal roles in the ease or difficulty of airway management. I seized on this new concept, eagerly analyzed it in all its ramifications, in all its aspects, and the more I immersed myself in it, the more I absorbed it. Finally, it culminated in a new airway assessment classification, "the upper lip bite test," that added new apparel to the innumerable airway assessment tests that are currently in vogue and being routinely practiced by our fellow anesthesiologists worldwide. The upper lip bit test was the harbinger and predecessor of the "upper lip catch test," another airway screening test for edentulous patients that also got published recently.

The difficult airway is the product of many anatomic and pathological variables. A rational approach includes detailed history, a thorough physical examination, and x-ray and imaging tools when needed. If mask ventilation becomes difficult or virtually impossible in an anesthetized patient who is paralyzed, emergency maneuvers are initiated. For those who have fathomed it, it is a deadly urgency. A person should keep his little attic brain stocked with all the paraphernalia and the plans that he is likely to use. If measures such as laryngeal mask airway or else combitube prove ineffective, trans-tracheal jet ventilation using a large bore intravenous catheter or cricothyrotomy is to be considered. However, a hurried surgical cricothyrotomy under sub-optimal conditions entails its own inherent risks and complications.

It needs proper positioning of the patient and an access to the right instruments, otherwise this simple procedure would take too long to accomplish and incur incalculable harm to the patient who already might have sustained some degree of hypoxemic episodes during the difficult scenario of abortive mask ventilation. The laryngeal mask airway and the combitube are supraglottic devices and their inherent weakness is that they cannot solve a glottic or a subglottic problem. In

such circumstances, the glottic or the subglottic problem can be safely averted and targetted by ventilator options below the lesion such as transtracheal jet ventilation or a surgical airway. In the same vein, catastrophic events during failed intubation became the protagonists of the introduction of the available preoperative airway assessment tests and in this regard some proved indispensible in saving many lives. This revolution in itself highlights the importance of such tests in obviating a catastrophic outcome. During residency training, residents learn the basic concepts of airway management but fall short of acquiring the necessary skill with the techniques that are needed in an emergency situation.

The present book is comprehensive, covers all physiological and pathological aspects of *Airway Management* related to the neonate and the adult, the obstetric patient and those having sustained cervical spine and head injuries. It will serve to be of value both for the practicing anesthesiologist and for those undergoing fellowship and sub-specialty training in airway management. Although airway management needs hands on practice in real clinical scenarios, the book provides novel and indigenous techniques written by experts in fields that would enable everyone to learn and acquire the several techniques of airway management.

All of my friends and colleagues have expounded on their subjects and chapters with such indubitable talent and expertise that I was overwhelmed when reading their write-up, and would be failing in my duties as an editor of this book if I do not acknowledge their devotion, sincerity, ineffaceable conviction, and cerebral enthusiasm in helping me with this gigantic task which if left to myself in its entirety would never ever have reached your hands. Everyone did a wonderful job, a venerable one, and I take off my hat to everyone. I enjoyed the company of such erudite and well-versed researchers, and it was enlightening to say the least.

You cannot imagine how much my health these passions and worries have taken away, and how much of my feeble health shall be usurped and taken away by my unfinished tasks that still lie in the deepest recesses of my brain and soul. If the vigor and life was there, I would be approaching you again for a second edition of this book to incorporate your new insights and research works.

There are many who have expatiated on the subject of airway but the human airway and its management is an unfathomable phenomenon. It must be solved with complete exactitude and for that to occur, we need to evolve and invent new and exemplary tests, tools, gadgets, and devices in the future.

"Dans le doute, absteins toi." This French proverb says "when in doubt, do nothing" is applicable to the title of our book. If everyone can take this point fully on board, and communicate it successfully to others that the sense of fatalism in the face of an inevitable catastrophic disaster cannot be challenged single-handedly, perhaps I would have been able to do my humble bit in averting airway-related deaths that if comprehended in time and managed collectively would save many lives.

All the issues and paramount concerns about airway management have been comprehensively tackled with lucid and narrative style but if some are not brought to limelight, I share the blame for failing to address them.

Bravo, my friends and colleagues.

This book is dedicated to the memory of those unfortunate patients who succumbed during the drill of difficult intubation or else sustained irrevocable brain damage, and to all those who voluntarily consented and participated in the innumerable research projects conducted on the planet about airway management. They helped us in designing new tests and appliances. They were the Muse of Olympics. We all owe our achievements and progress in this difficult terrain to their whole-hearted and fervent participation in all our focused research projects.

I am indeed grateful to Professor Brull for having spared his time for writing the Foreword for this book. I am also grateful to the managerial and publishing section of Springer publications for having accepted the book as their own baby and having consented to publish the book under their esteemed and recognized established services.

To conclude, I may put this last sentence that my treasure in life had been my father whom I owe all my achievements in life and under whose oversight I learned a lot.

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