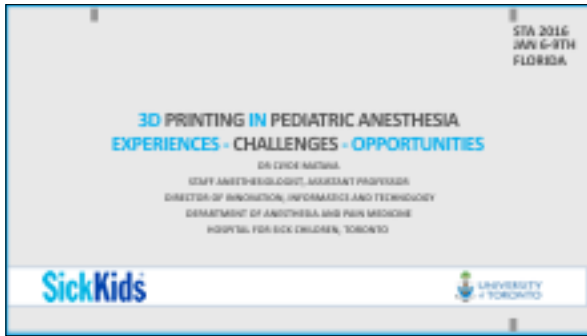










A CASE STORY

0002700216.01

Prophylactic tracheostomy and laryngectomy
 Inadvertent difficult intubation x 3 attempts
 15m
 Noted a poorly developed trachea and subglottic ridge
 just the entry

Intraoperative procedure

Failed intubation at the end with denervation and
 intubated already procedure

Tracheostomy and laryngectomy performed

Turn to ICU with tube advanced past the obstructive
 area

PCA
 Awake with ETT in situ



A CASE STORY

0002700216.02
 0002700216.02 SECOND STAGE (PROSTHESIS)

ETT repositioned distal to the tracheal narrowing using
 FNA

Patients turned prone

Spine changing to prone position flow increased with no
 air entry bilaterally

Turned patient supine

Fluoroscopic

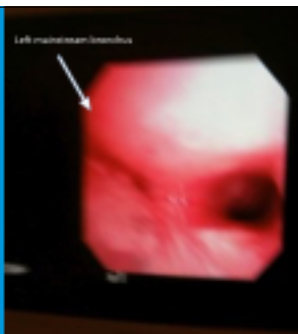
Tube advanced

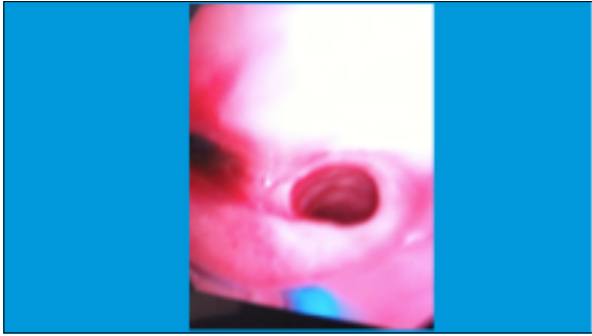
Patients turned prone

Flow increased and no air entry to the left lung
 Performed a second bronchoscopy

Patients turned supine

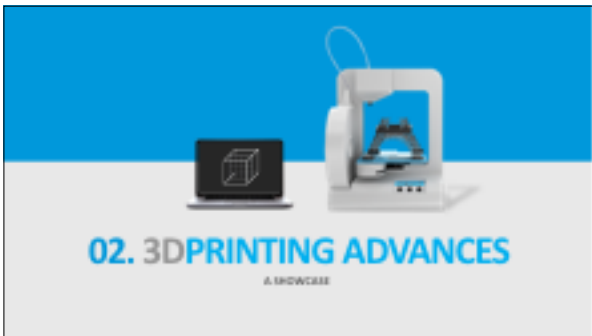
Enter theophylline











02. 3DPRINTING ADVANCES

A SHOWCASE

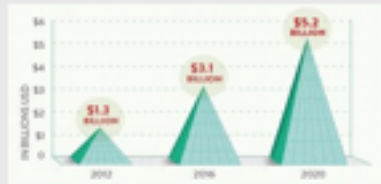
History of 3D Printing

The following are examples of technology and human interfacing information:

	1984-86	Charles Hull Developed the first 3D printing and scanning technology "Solid State Imaging"		2000	Human Kidney First human kidney printed through 3D printing
	1999	First 3D printer The way to create functional parts, especially for small quantities, before fully ready your idea.		2005	Laser Sintering Machine The first laser sintering machine, printing multiple industrial parts.
	1999	Printing Human Organs First application of 3D printing technology to create a human kidney, creating the human kidney.		2009	2009 First multi-material 3D printing machine, the first multi-material 3D printing machine, the first multi-material 3D printing machine.

Projected Growth of 3D Printing

It is projected that the 3D printing industry will grow from \$1.3 billion in 2012 to \$15.3 billion in 2020.



(Source: <http://www.3dprinting.com/industry-growth-2012-2020>)

Concept Modelling Functional Prototyping Manufacturing

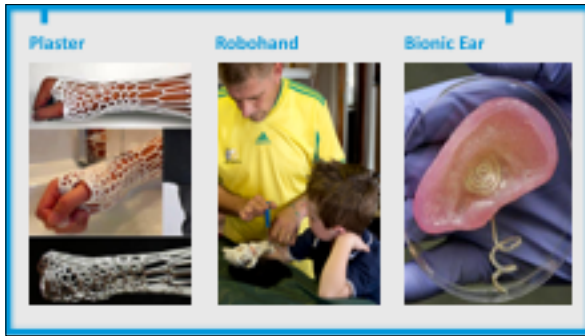


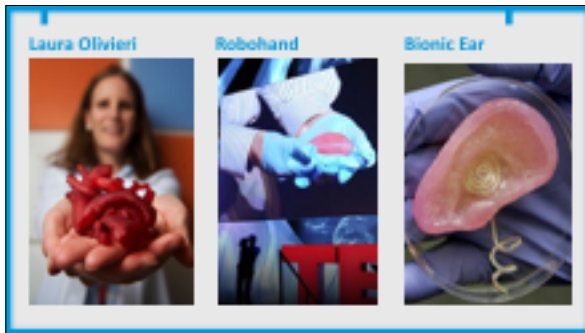
End Use Parts



Finishing











Potential Uses of 3D Printing in Pediatric Anesthesia

Primarily applicable to all areas of medicine

ANATOMICAL MODELS



MEDICAL DEVICES



BIOPRINTING



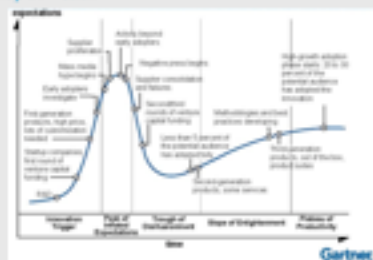
3D Printing in Anesthesia

SLIDE TITLE



The Valley of Death

3D Printing in Medicine?
3D Printing in Anesthesia?



Potential Uses of 3D Printing in Pediatric Anesthesia

ANATOMICAL MODELS



- Diagnostic planning
- Surgical planning
- Anesthesia planning
- Medical training
 - Residents
 - Medical students
 - CME
- Patient education
 - Counseling parents
 - Obtaining informed consent
- Research opportunities

Potential Uses of 3D Printing in Pediatric Anesthesia

MEDICAL DEVICES



- masks
- endotracheal tubes
- face masks
- guides and templates
 - craniotomy
 - medical students
 - CME
- Risks
 - anyone can print a medical device
 - counterfeit devices
 - defective devices
 - toxic materials
- Issues to consider?

Potential Uses of 3D Printing in Pediatric Anesthesia

BIOPRINTING



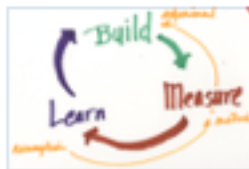
- a sub-category of 3D printing
- may have different regulations
- different policy may apply



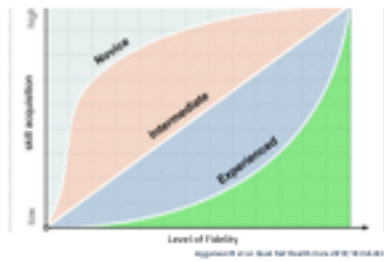
04. OUR 3D PRINTING EXPERIENCE

LUCK AND MISTAKES

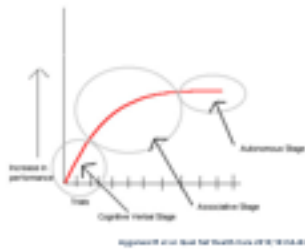
Pragmatic approach



Theory/Hypothesis driven



Theory/Hypothesis driven



Theory/Hypothesis driven



Identify and Leverage Resources



Focus

Airway

Build a library of 3D difficult congenital airways
- Grossman's, Pierre Robin Sequence, Goldenhar, Treacher Collins
Template for surgical airway

Education

Airway Anatomy
Caudal Space

Medical Device/Tool

Laryngoscopes

Our Space

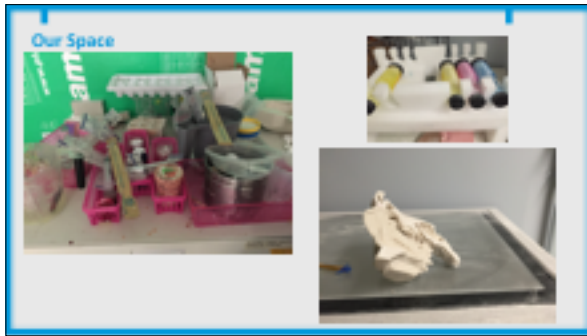


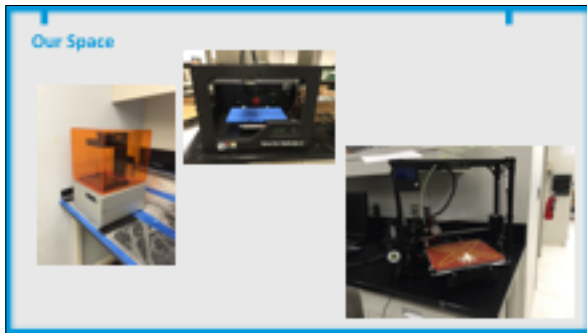
Our Space

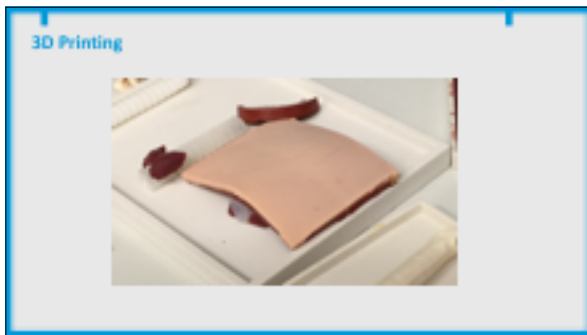


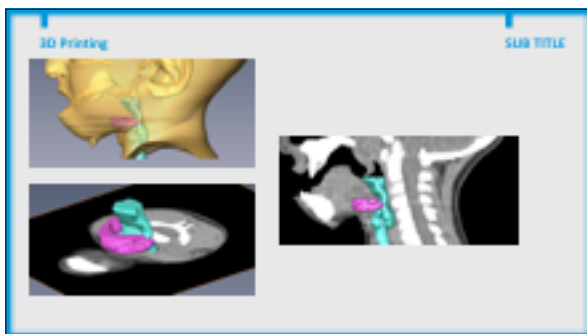
Our Space



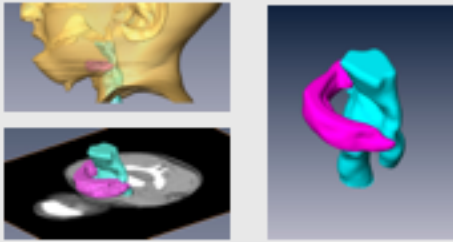




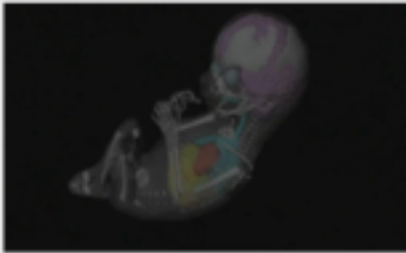




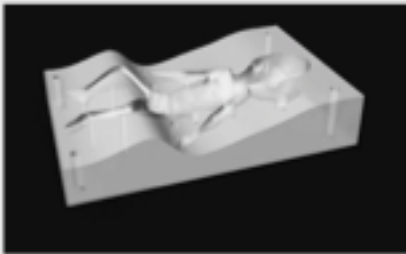
3D Printing



3D Printing



3D Printing



3D Printing



Lessons

Identification of appropriate CT Scans

- Retrospective evaluations limiting useable CTs
- Inadequate C-Spine levels included in the CT Scan
- Low dose CT Scans used for children limiting the voxel resolution.

Cost of Software

- Opensource software is of varied quality
- Licensed software is expensive and requires key licences
- Identifying patients with enough time to get consent for use of images can be challenging

Image processing

- Ill defined borders seen between cartilaginous structures and soft tissues (i.e. thyroid cartilage and epiglottis compared with surrounding muscle and fat) likely due to low dose scanning

Lessons

Materials

- Modulus of elasticity
- behaviour with a finite element analysis of the baseline airway used for segmentation
- (deformability) of applying force on the airway in 3 dimension

Standards

- Nomenclature for anaesthesia

Measure and assess



SUMMARY

AN INTRODUCTION TO 3D PRINTING IN ANAESTHESIA - A REVIEW

01. A Case
02. Background on 3D Printing and History
03. 3D printing in Anaesthesia/Medicine
04. Our 3D Printing Experience - back and forth
05. Lessons and Summary



OBJECTIVES

