Anesthetic management of pediatric transoral robotic surgery for oropharyngeal mass
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INTRODUCTION
Unlike adult, transoral robotics surgery (TORS) is still evolving for management of pediatric airway diseases. It is important for anesthesiologists to familiarize themselves with robotic surgical systems. We present anesthesia management for base of tongue mass resection using TORS.

CASE DESCRIPTION
6-year-old boy underwent robotic resection of tongue base mass due to breathing related sleep disorder. Indirect laryngoscopy and CT scan showed vascular mass arising from base of tongue occupying vallecula and oropharynx. Airway management plan was discussed with surgeon and possible need for emergent surgical airway was explored in an event of complete airway occlusion after anesthetic induction. Awake intravenous access was established followed by asleep fiberoptic nasal endotracheal intubation while spontaneous ventilation was maintained. The patient was positioned on the table 180 degree away from anesthesia. Successful resection of the tongue mass was performed with the robotic arms and the patient was transported back to the pediatric operating room for “controlled extubation” followed by PICU for overnight observation. He was discharged the next day.

DISCUSSION
Indications of TORS in children:
• Laryngeal cleft repair
• Partial supraglottic laryngectomy
• Lingual tonsillectomy
• Intraoral thyroglossal duct cyst resection
• Pediatric oropharyngeal malignancy

Preoperative assessment:
• Thorough history to identify the severity of airway obstruction
• Examination of the airway
• Review findings of indirect laryngoscopy, CT scan and MRI

Intraoperative issues:
• Transport to adult OR for robotic surgery
• Caution for accidental extubation

Postoperative care:
• Controlled extubation
• Analgesia
• Humidified oxygen therapy
• Perioperative steroids
• Racemic epinephrine

it is important to understand the indications, procedure, advantages, disadvantages, limitation and anesthetic challenges of TORS

REFERENCES