Introduction
While united in the goal of providing optimal care of neonates, Pediatric Anesthesiologists and Neonatologists have become divergent in some aspects of their perioperative care. Our study focuses on two topics that seem to have generated a great deal of discussion but no best practice in existence.

We examined the use of cuffed endotracheal tubes (cETT) vs. uncuffed endotracheal tubes (uETT) and epidural management in neonates. There has been great debate over the risks of cETT when used in neonates. The majority of these risks stemmed from high-pressure cuffs that are no longer used.

Regarding epidural use, there is no “best practice” for epidurals in neonates. We would like to identify the “common practice” of epidural use in neonates and neonatal intensive care units (NICU).

Methods
Medical Directors at the top 15 NICUs, according to U.S. News and World Reports, were surveyed about common practices for endotracheal tubes, intubations and epidurals at their institutions

Results
- 50% sometimes used cuffed endotracheal tubes (cETT)
- 50% never used cuffed endotracheal tubes (cETT)
- 14% believed that cETT causes post-intubation stridor
- 29% believed that cETT leads to laryngomalacia
- 50% asked OR-placed cETT to be exchanged with uETT in OR
- 50% exchange OR-placed cETT with uETT in NICU

Discussion
Our survey shows a significant amount of NICUs are managing or placing cETTs signaling a small shift in the cuffed/uncuffed ETT paradigm. Proponents of cETT cite decreased incidence of reintubation for improperly sized tubes and an improved ability to ventilate neonates with poor pulmonary compliance. Additional benefits are a reduction of leaked volatile anesthetics around an uETT, necessitating increased vapor usage. Despite a lack of evidence for increased incidence of post-extubation stridor with microcuffed polyvinyl chloride ETT, cETT are still not used because of concern for laryngomalacia and subglottic stenosis. Since there are no micro cuffed tubes for patients less than 3 Kg, it is not possible to examine the safety of cETT in the population.

Epidurals are increasingly being placed in neonates to improve post-surgical pain and reduce systemic respiratory depressing narcotics. Epidurals have been proven to decrease systemic opioids but are rife with complications as well. The monitoring for local anesthetic toxicity, selection of drug and addition of opioid widely varied between institutions. Alarmingly, the vast majority of respondents stated that intralipid was not readily available.

References
2. Pediatric Cuffed Endotracheal Tubes: An Evolution of Care