



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Correspondence

Extubation is as important as intubation in COVID 19



Many guidelines have come up for prevention of aerosol spread in health care workers, anaesthesiologists being at major risk. Most of these are intubation centric. However, extubation is an equally risky procedure, or may be more. Prevention of cough is of utmost important. Strategies to minimise coughing during extubation include: use of intravenous opioids, lidocaine or dexmedetomidine [1]. Cuff pressure should be continuously monitored throughout the peri-operative period specially in prolonged surgeries, to prevent tracheal mucosal irritation and ischemia.

Various attempts have been tried by various researchers across the globe [2,3]. We would suggest some simple tips and tricks to prevent aerosol spread. Use of acrylic box as done during intubation is a good idea [4]. The side hole of the box can be used for inserting the oxygen source and creating an oxygen enriched environment over the patients head area, thereby preventing hypoxia in the post-operative period. Extubating the trachea in deep plane, with placement of nasopharyngeal airway before extubation can also be practiced to avoid cough at emergence. Placement of nasopharyngeal airway leads to a patent airway and thereby less chances of airway obstruction which can occur after extubation in deep plane.

To conclude, we would like to focus upon the need to plan timely, well in advance of extubation. SOP should be made and be placed in practice with non COVID patients so that when used on COVID patient it is smoothly utilized without any anxiety and confusion among providers.

Declaration of competing interest

None to declare.

References

- [1] Tung A, Fergusson N, Ng N, Hu V, Dormuth C, Griesdale D. Medications to reduce emergence coughing after general anaesthesia with tracheal intubation: a systematic review and network meta-analysis. *Br J Anaesth* 2020. <https://doi.org/10.1016/j.bja.2019.12.041>. [published on Feb 22, 2020, update].
- [2] Phui S, Au Yong, Xuanxuan Chen. Reducing droplet spread during airway manipulation: lessons from the COVID-19 pandemic in Singapore, *Br J Anaesth*, [ahead of print].
- [3] D'Silva DF, McCulloch TJ, Lim JS, Smith SS, Carayannis D, Extubation of patients with COVID-19, *Br J Anaesth*, doi:<https://doi.org/10.1016/j.bja.2020.03.016>.
- [4] Canelli R, Connor CW, Gonzalez M, Nozari A, Ortega R. Barrier enclosure during endotracheal intubation. *N Engl J Med* 2020. <https://doi.org/10.1056/NEJMc2007589>.

Prashant Kumar (MD, PDFNA)^a, Jyoti Sharma (MD)^{b,*}

^a PT B D SHARMA, Post Graduate Institute Of Medical Sciences, Rohtak
India

^b All India Institute Of Medical Sciences, Bathinda, India

E-mail addresses: pk.pgims@yahoo.com (P. Kumar),
doctorjyotisharma@yahoo.in (J. Sharma).

* Corresponding author.

<https://doi.org/10.1016/j.jclinane.2020.109934>

Received 11 May 2020; Accepted 25 May 2020

0952-8180/ © 2020 Elsevier Inc. All rights reserved.