Bariatric Patients

(Revised: October 2020)

Airway	
Risk	Risk Reduction Strategy
Increased airway pressure causes ventilation	Use a two-handed V-E grip to maintain a good
via face mask to be difficult	face mask seal ^(a)
Increased difficulty in inserting the	Ramping ^(b) the patient to align the tragus of the
laryngoscope and aligning the airway due to	ear with the sternum optimises the patient for
truncal obesity.	intubation. Consider LMA instead of ETT.
Suggested weight ranges printed on LMAs could be misleading	Select LMA size based on estimated ideal weight
Breathing	
Reduced functional residual capacity and	Ramping ^(b) (30 ⁰ + head up) the patient moves
chronic hypercapnia can result in rapid	weight off the chest and improves lung capacity
deterioration. Further hypercapnia and	as well as airway pressures.
hypoxia can occur if ventilation is impaired by	Avoid supine positioning at all costs.
positioning or medications	Be wary with respiratory depressant medications
Chest auscultation is difficult due to adipose	Best chest sounds are heard while listening
tissue	laterally on the axilla.
SpO2 readings may be unreliable if the probe is placed on a finger	The ear lobe is an alternative SpO2 site
Circulation	
Blood pressure readings are difficult to obtain	Consider alternate signs of perfusion (peripheral
	pulse, capillary refill and level of consciousness)
IV access is difficult to obtain	Consider early IO in the poorly perfused patient.
Logistics & Communication	
Difficult extrication and transport requiring specialised equipment	Early sit-rep and activation of A501



(b) Ramping the patient with blankets, towels and/or by manipulating the stretcher is crucial for optimising gas exchange and facilitating airway management. Aim to position the patient's ears level with their sternum, and achieve 30^o+ head up

