Cricoid Pressure Practice: A Survey of Anesthesiologists with Pediatric Interest
Zulfiqar Ahmed, MD; Jerry Lerman, MD; Maria Zestos, MD
Children's Hospital of Michigan, Detroit, MI; Buffalo Children's Hospital, Buffalo, NY

Introduction: Cricoid Pressure (CP) during intubation with either rapid sequence or routine intubation is taught and used commonly and is considered standard of care so far. There is conflicting evidence on its efficacy and utility. We decided to study the practice of cricoid pressure in anesthesiologists with pediatric anesthesia interest.

Results: The demographic section of the survey evaluated the pediatric anesthesia training, type of practice and the percentage of pediatric cases. The clinical segment asked a variety of questions. They include use of CP to prevent aspiration, complications from CP, amount of pressure applied to CP, use of CP in pyloromyotomies and effect of cricoid pressure on lower esophageal sphincter.
Among the participants 21.4% had training less then 6 months of training. 38.3% had between 6-12 Months of training and 39% had more the 12 months of training in pediatric anesthesia. 68.2% believe that CP prevents passive regurgitation. 89.6% use CP when there is aspiration risk but 90% do not routinely pre-medicate for aspiration. 82.5% participants believe that CP works and only 7.1 % believe that that it is overall harmful. 29.2% participants never or rarely use succinylcholine. 67.5% will use it in both male and females, while only 1.3% will use it in females only.

Discussion: The technique of cricoid pressure is taught in every anesthesia program. The use of CP is emphasized as well as considered standard of care. The survey assesses and intends to highlights the differences in the practice of anesthesiologist with pediatric interest. Over the past few years there has been evidence that its use may not be as effective as it is considered to be. However this was not reflected in our evaluation of the practice.

References: