

'How to Save Chokers'

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Wash. Post

5/28/79

Dr. Eugene Nagel's comments ["How to Save Chokers," Outlook, May 6] was a welcome and accurate account of the difficulty we face in proving scientifically which technique is best in such an emergency. Permit me to put the problem of obstructed airway in a different context, since the article did not address the main problems of resuscitation.

Approximately 3,000 people in this country die annually of choking. Clearly more knowledge on the part of the public could save some of them. Over 350,000 die suddenly each year of heart attacks and other causes of cardiac arrest occurring outside hospitals. It has been proven conclusively that a higher level of training in cardiopulmonary resuscitation (CPR) could save many of them, especially in localities in which superior advanced life support systems (paramedics) are operating.

How should the public obtain such training? American Heart Association and American Red Cross courses are widely available in this metropolitan area for the public to learn techniques of CPR and obstructed airway. Just as important, an informed public should also learn the risk factors of coronary heart disease, hopefully to prevent sudden death. They should know how to recognize the signals of impending heart attack in themselves and others, and how to obtain emergency medical care most efficiently. They must also learn the risk factors that make some people more prone to choking than others, and should learn the voiceless method by which the choking victim may indicate his predicament.

Experts agree that at least 25 percent of the area's population should be taught CPR to improve the chances that a trained person is nearby at the time of need. About 110,000 people in the Washington area have been trained in CPR, less than 5 percent of the area's population. That is not enough.

Trained individuals should be present in each place of business and each household. A cardiac emergency plan should be developed for public places or for any business establishment where large numbers of people gather. Recent data from other cities clearly show that public training in these techniques does save lives.

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To help avoid confusion among your readers and prevent fatalities in cases of aspirated and ingested foreign bodies (FBs), I would like to add to Dr. Nagel's commentary. The majority of FB's are ingested into the food passages. Those that are aspirated into the air passages are usually smaller and lighter, like nuts and corn. In most cases there is an immediate momentary bout of gagging and coughing but the victim continues to breathe. There is adequate time for orderly transfer to a hospital. Some larger FBs, such as meat chunks with or without bone in them, are commonly impacted in the upper part of the food passage behind the voice box (larynx), compressing the latter and giving rise to a sensation of "choking," among other complaints. The voice box is the narrowest part of and sits at the top of the upper air passages and is its major protector from foreign bodies. An FB may initially be lodged in the voice box or may be inadvertently "displaced" into that organ by an innocent bystander or parent who tries one or more of a combination of the now familiar "maneuvers." In that critical location, if the FB is not ejected spontaneously during the initial symptoms of coughing and gagging, then suffocation (asphyxiation) will ensue. In such situations the only immediate life-saving procedure is tracheotomy, or more expedient modi-

fications of it, in which a hole is opened in the windpipe below the site of obstruction at the level of the voice box. This is the only sure way to save victims of the famous "café coronary," and that is just one reason why we encourage all physicians to carry pen knives on their key holders. You never know when you will need it.

The dangers inherent in attempts at manual manipulations of FBs in the food or air passages is to dislodge them from relatively safe sites, which in most cases allow time for transfer to a hospital, to more dangerous sites, which may result in immediate suffocation.

We urge all those who encounter persons "choking" on foreign bodies, and especially parents of afflicted children, to help move the victims to the nearest well-equipped hospital before attempting any manual maneuvers. This is the only medically proven safe way.

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