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Jerome Thompson

University of Tennessee Health Science Center, USA

The exit procedure: Current status and technical tips for otolaryngologist

Prior to the 1980s, births of fetuses with congenital abnormalities causing airway obstruction had mortality rates approaching 40%. Anoxic brain injury results if the airway is not secured within 5 minutes following termination of maternal-fetal circulation. The advent of the EXIT (ex utero intrapartum therapy) procedure allowed surgeons to operate on a partially delivered fetus, still connected to maternal circulation. This significantly extending the time allowed to secure the airway. It is particularly useful in cases of Congenital High Airway Obstruction Syndrome (CHAOS). Pediatric otolaryngologists have used the EXIT since 1994. It remains an infrequently performed operation, with even the largest academic pediatric hospitals averaging approximately only five procedures per year. It is now part of the armamentarium of pediatric and cardiovascular surgeons. In this article, we share our nine most interesting experiences with the EXIT procedure, and what we have learned from each case.

Biography

Jerome Thompson is an ENT-Otolaryngologist in Memphis, Tennessee and is affiliated with multiple hospitals in the area, including Baptist Memorial Hospital-Memphis and Memphis Veterans Affairs Medical Center. He received his medical degree from David Geffen School of Medicine at UCLA and has been in practice for more than 20 years. He is one of 35 doctors at Baptist Memorial Hospital-Memphis and one of five at Memphis Veterans Affairs Medical Center who has specialization in Otolaryngology.

jthomp18@uthsc.edu

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