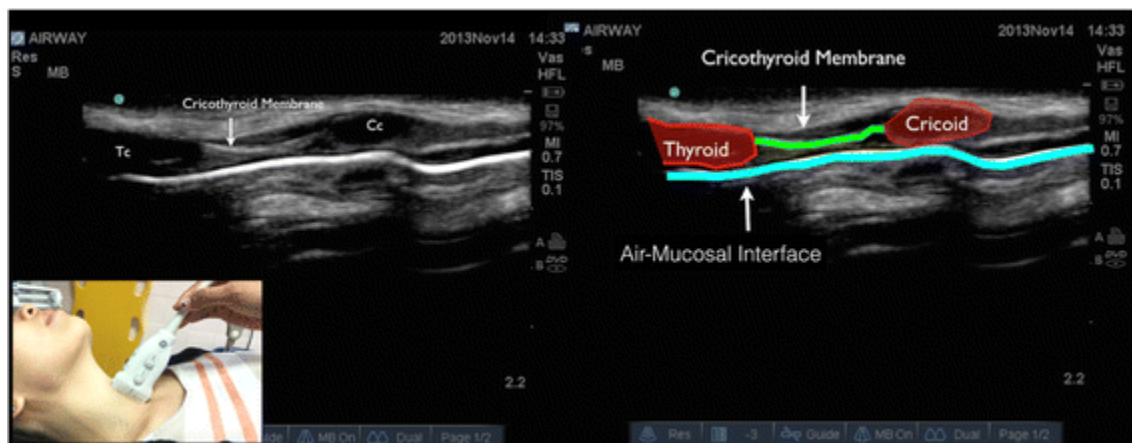
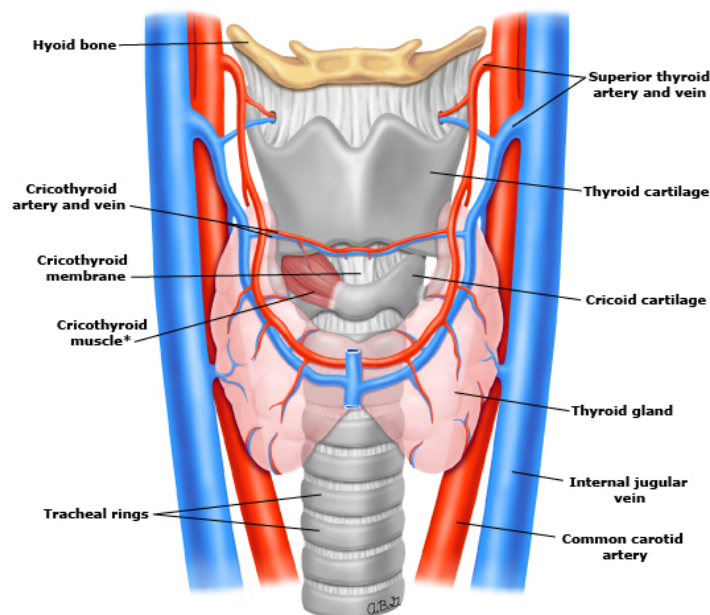


Cricothyroidotomy: anatomy

Performing a cricothyrotomy is fortunately a rare procedure. But given the high-stress situation under which it is typically performed, we must be familiar with the procedure, the anatomy of the neck, and be able to do it quickly. A cricothyroidotomy involves surgical or percutaneous access to the airway via the cricothyroid membrane. This membrane is palpable as a small depression inferior to the thyroid cartilage and above the cricoid ring. It is bordered laterally by the cricothyroid muscle, superiorly by the thyroid cartilage, and inferiorly by the cricoid cartilage.

Often, palpating the thyroid as a starting place is easiest due to its size and the presence of the laryngeal prominence (Adam's Apple), however when performing this procedure remember to stay and direct instruments inferior as the vocal cords live behind the thyroid cartilage. It would also be wise to study ultrasound anatomy of the airway as this can help identify the cricothyroid membrane in patients with difficult anatomy.



Further Reading:

https://worldsurgeryforum.net/Encyclopedia/index.php?title=Cricothyroidotomy_Vs._Tracheostomy