The laryngeal muscles are classified as \_\_\_\_\_

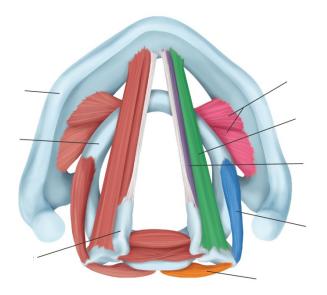
The \_\_\_\_\_\_ laryngeal muscles control the tension and position of the vocal cords.

The recurrent laryngeal nerve innervates \_\_\_\_\_

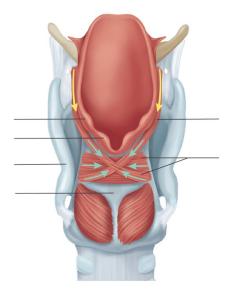
The \_\_\_\_\_\_ is solely responsible for opening the vocal cords.

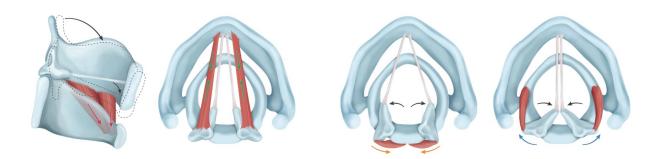
The \_\_\_\_\_ laryngeal muscles support the larynx inside the neck and assist with swallowing.

All the extrinsic muscles (except the \_\_\_\_\_) end in \_\_\_\_\_











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Ther	n. provides sensory innervation to the face and head.
It divides into 3 branches:	
• V1	

- V2
- V3

The \_\_\_\_\_ provides sensation from the \_\_\_\_\_

The	gives rise to the	 nerve,
whic	ch divides into the internal and external branches.	

- SLN internal branch:
  - Sensory function =
  - Motor function =
- SLN external branch:
  - Sensory function =
  - Motor function =

The vagus nerve also gives rise to the	laryngeal nerve, wl	nich
provides sensation to the		

The \_\_\_\_\_\_\_\_n. innervates the posterior cricoarytenoid muscle. When this nerve is paralyzed, the cord tensing action of the \_\_\_\_\_\_ acts unopposed.

Whether one or both RLNs are injured will determine the patient's presentation.

- Unilateral RLN injury  $\rightarrow$
- Bilateral RLN injury (acute)  $\rightarrow$
- Bilateral RLN injury (chronic) →

Risk Factors for RLN Injury (Either Side)	Risk Factors for RLN Injury (Left Only)		
The SLN is rarely injured, but if it is, it	respiratory distress. Bilateral injury		

can cause \_\_\_\_\_

**ANESTHESIA REVIEW** 

<b>Topical anesthes</b>	ia can be used to anest	hetize the airway fo	or awake intubatior	n. You must
anesthetize the _				

Anesthetizing the \_\_\_\_\_\_ is not required.

Benzocaine spray is commonly selected to topicalize the airway. A key risk is \_\_\_\_\_\_ The treatment is \_\_\_\_\_\_

Cocaine can be used to provide topical anesthesia to the airway, but you should avoid it in the patient with\_\_\_\_\_

Airway nerve blocks can be used to anesthetize the airway for awake intubation. You must block 3 nerves: \_\_\_\_\_\_

How to perform a glossopharyngeal block:

How to perform a superior laryngeal nerve block:

How to perform a transtracheal block:



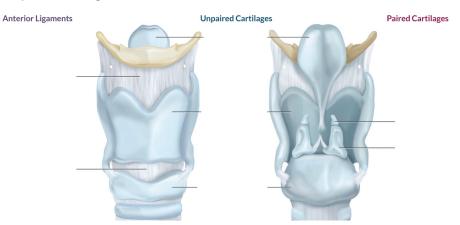
The adult larynx lies anterior to\_\_\_\_\_

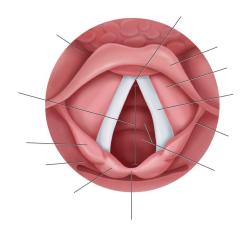
During laryngoscopy, the bumps you see on the aryepiglottic folds are the \_\_\_\_\_\_ and \_\_\_\_\_\_ - not the \_\_\_\_\_\_

The adult larynx is shaped like a \_\_\_\_\_\_ The narrowest region is the

The pediatric larynx is shaped like a \_\_\_\_\_

- Narrowest "fixed" region =
- Narrowest "dynamic" region =







Laryngospasm is the \_\_\_\_\_\_ of the laryngeal musculature.

What are the complications of laryngospasm?

What are the signs of laryngospasm?

What are the common causes of laryngospasm?

What is the prevention and treatment of laryngospasm?

Valsalva's maneuver is:

Muller's maneuver is:

- Example =
- Risk =

- Example =
- Risk =



The upper airway extends from the \_\_\_\_\_

The primary functions of the upper airway include \_\_\_\_\_\_

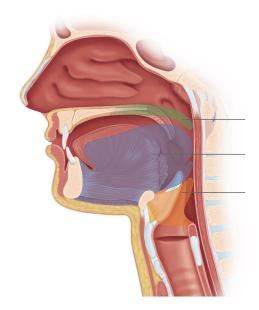
The nasal turbinates ( \_\_\_\_\_\_ on each side) project from the \_\_\_\_\_\_ of each nasal passage. These structures are highly vascular, and they're at risk for trauma during \_\_\_\_\_\_

To reduce the risk of trauma during airway instrumentation, you should direct the device between the \_\_\_\_\_\_ Also, you should orient the \_\_\_\_\_\_ towards the \_\_\_\_\_\_

Anesthetic agents reduce \_\_\_\_\_ can cause airway obstruction: • Obstruction at the level of the tongue =

• Obstruction at the level of the soft palate =

Anatomic factors that impact airway patency include \_\_\_\_\_





Complete the mind map.

