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**Anesthesia for bronchoscopic amniotic membrane grafting to treat non-healing bronchial dehiscence**

Taoyuan Robert Feng, Thomas R Gildea, D John Doyle

**Abstract**

Airway complications after lung transplantation remain a significant cause of morbidity and mortality. Many of these occur at the anastomotic sites, which are susceptible due to poor collateral circulation. Of the possible complications, bronchial dehiscence is particularly formidable. These cases have been successfully treated bronchoscopically with metallic stents, which likely promote healing through granulation tissue formation. However, limited options exist in cases where the dehiscence fails to heal following stent placement. Here, we present the **case report** of a 65-year-old male who **developed** bronchial dehiscence status post bilateral lung transplantation for idiopathic pulmonary fibrosis that failed to heal with simple stent placement. Eventually, the patient underwent amniotic membrane grafting with stenting as a novel therapy for non-healing bronchial dehiscence, for which we describe the anesthetic management. His anesthetic plan included inhalational induction with sevoflurane, propofol infusion

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