Facilitating Difficult Tracheal Intubation

To the Editor:—Difficult tracheal intubation cannot always be predicted, and may occur when least expected. This usually results in a situation in which the practitioner tries numerous “tricks” and “techniques” to accomplish the intubation before abandoning various blades and styles and resorting to more elaborate procedures. In addition, repeated laryngoscopy leads to fatigue. My approach has been to involve an assistant who can relieve me of some of the physical stress normally involved in this often frustrating experience.

The maneuver involves the placement of the laryngoscope blade in the optimum position and exposing the airway. An assistant (no training required) is then placed opposite the intubator and given the handle. With the guidance of the practitioner, the assistant is asked to retract on the handle. The practitioner is then able to use his left hand to manipulate the airway while advancing the endotracheal tube with his right hand. This allows optimum exposure of the airway while totally removing the physical strain of retracting with the laryngoscope.

This technique is also quite safe, as the handle of the scope is always retracted in a caudal direction, and prying or leveraging against the teeth is virtually impossible. The assistant must only be instructed to hold the handle in the position directed by the intubator.

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