A Modification of Laryngoscopy Technique

To the Editor—Gandhi and Burgos\(^1\) suggest inserting a detached laryngoscope blade into the mouth when intubating massively obese patients or patients with a barrel-shaped chest or rigid neck, because if attached, the laryngoscope handle may impinge upon the patient's chest. After the blade is in the mouth, the handle is then attached.

We have tried this technique and there are occasions when the laryngoscope handle still impinges upon the chest during attempts to reattach the handle to the blade. We therefore have modified our intubation technique in these patients by turning and lowering the laryngoscope handle toward the right side of the patient's neck and inserting the blade laterally into the mouth (fig. 1) (a tongue blade is usually helpful), then raising and turning the handle forward.

This modification not only saves the time and trouble of detaching and reattaching the laryngoscope blade to the handle, but it also avoids the possibility of having one's finger caught in the hinge.

REFERENCES


\(^{1}\) Gandhi and Burgos, M.D. HWA-KOU KING, M.D. LONG-FONG WANG, M.D. AHSAAN K. KHAN, M.D. Department of Anesthesiology King/Drew Medical Center 12021 South Wilmington Avenue Los Angeles, California 90059

REFERENCE


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