CR#12

Awake Intubation with Airtrag in a Morbidly Obese Patient

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A 54-year-old Thai female, 86 kg weight and 150 cm height (BMI 38 kg/m2). Symptom of gastroesophageal reflux (GER). Mallampati class IV, interincisor gap and thyromental distance were 3 cm and 6 cm, respectively. Limitation of head extension was due to occipital fat pad. Awake intubation was suggested

The patient was preoxygenated while 50 g of fentanyl was slowly given intravenously for sedation. Oropharynx and supraglottic area were sprayed with 10% lidocaine topically with the assistance of the McCoy laryngoscope blade. Moreover, 3 ml of 4% lidocaine was injected transtracheally through the cricothyroid membrane for laryngeal anesthesia.

The Cormack and Lehane glottic view showed grade IV when McCoy laryngoscope blade was applied.

After slight rotation of the Airtraq, the glottic view showed grade I and the endotracheal tube could be passed through the vocal cords easily.